

Dynamic Youth Community, Inc.

A Therapeutic Community for Adolescents and Young Adults

Treatment Manual

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Preface

The authors would like to thank the youth, parents, staff members and NYC Boards of Directors who made this manual possible. A special note of appreciation is extended to William Fusco, NYC Executive Director, who recognized the importance of adolescent treatment research and opened NYC's doors to research staff. Karen Carlini, NYC Associate Director, spent countless hours teaching researchers about the program, reading drafts of this manual, and coordinating meetings between researchers and NYC staff. Research staff would also like to thank Program Directors James Schneider and Nicholas Salerno and various program staff members who took the time to explain program procedures and policies. In addition, adolescents and their parents provided extensive information about their treatment experiences. Without the support of these individuals the breadth and depth of this manual would not be possible. Special thanks are also extended to Dayna Maniccia, a research colleague, who reviewed drafts of this manual as it evolved over a period of two years.

The manual is part of a larger initiative funded by the Center for Substance Abuse Treatment to document the outcomes and cost of NYC and nine other adolescent treatment programs. Quotations from adolescents currently participating in NYC, program staff, parents, and the Boards of Directors were collected and analyzed through an ethnographic study as part of the Center for Substance Abuse Treatment Grant #KD1 TI11423. For more information about Dynamic Youth Communities, Inc. please contact: Karen Carlini, Associate Director, Dynamic Youth Communities, 1830 Coney Island Ave., Brooklyn, NY 11230; (718) 376-7923.

It is assumed that readers are familiar with adolescent substance abuse treatment and have a basic understanding of therapeutic community treatment techniques. When reading this manual please note that unfamiliar words and concepts (usually noted in italics) are defined in the glossary. In addition, with the exception of the NYC executive and associate directors, names used in quotations are pseudonyms.

This manual is dedicated to all past, current, and future members of NYC.

"The road is long and winding, but you'll arrive together."

Section 1: Introduction and History

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Section 1.1: Overview of Dynamic Youth Community, Inc.

Overview of Dynamic Youth Community, Inc.

Dynamic Youth Community, Inc. (DYC) is a multi-stage modified, step-down therapeutic community composed of 2 primary treatment centers: residential treatment at Fallsburg, New York, and day treatment and ambulatory services at Brooklyn, New York. Currently, DYC is a 3-year program that serves adolescents and young adults between the ages of 13 and 21 who have drug and/or alcohol problems severe enough to warrant acceptance into a residential drug treatment program. DYC is based upon the therapeutic community (TC) model, and utilizes the TC concept that drug abuse is a symptom of larger socialization problems and psychological issues. Thus, DYC takes a more holistic approach to treatment, treating not only drug abuse but also the underlying factors contributing to it. As part of treatment, DYC, like many other TCs, integrates group therapy, work therapy, behavioral change, and a stratified peer-based community. Clients learn to identify and discuss emotions and feelings in group therapy, are taught responsibility and management skills through peer accountability and promotions in work therapy crews, and learn to understand the ways in which their individual behavior affects the entire community through behavioral modification and behavioral change. DYC is strictly a “voluntary” program, meaning that while some clients may be mandated into treatment through the criminal justice system, the facilities are not locked down and the adolescents are never forced into treatment.

Clients are referred to DYC through self or family referrals, the criminal justice system (including court mandate), other treatment facilities, and counselors in the public school system. Because of the length of time necessary to complete all of the program stages (3 years), Dynamic Youth accepts the very severe cases of drug and alcohol abuse. Less severe cases are referred by DYC intake counselors to other drug treatment programs and/or various social service organizations. To meet criteria for acceptance at DYC, clients cannot have a history of seriously violent behavior and must have a parent or other relative sponsor who is willing to participate in the parental component of the program. Because DYC staff believe that drug abuse is a symptom of larger socialization and psychological issues, and because the intensity and duration of the program warrant extensive staff-parent contact (especially in the case of minor children), parental participation is essential at all stages of the program. Thus, adolescents are accepted into Dynamic Youth only if their parents or other relative sponsors agree to attend weekly *parents' nights* and encourage their children throughout the treatment process. If a client does not at least initially have the support of at least one parent or relative sponsor, he/she is referred to another treatment program.

The DYC program is highly individualized, but treatment generally lasts 3 years, with about 1 year spent in each of the 3 segments of treatment: residential, outpatient (which includes day treatment and re-entry), and phase-ambulatory. Great emphasis is put on completion of all treatment segments. Clients are generally not referred directly into outpatient or ambulatory without first completing preceding treatment segment(s). Each successive stage of DYC treatment aims to decrease adolescents' reliance upon the program and increase their reliance upon themselves, their families and larger society. By the time the adolescents or young adults graduate from the program, they have the personal resources necessary to continue an independent, drug-free lifestyle.

Section 1.1: Overview of Dynamic Youth Community, Inc.

Projected Goals for Program Completion

In order to complete the Dynamic Youth Community, Inc., program, in addition to achieving individually outlined therapeutic goals, adolescents must:

1. Obtain their GED or high school diploma or be enrolled in high school.
2. Be employed full-time or attending school full-time.
3. Maintain a drug-free lifestyle and remain a law-abiding citizen.
4. Have acquired the necessary life and communication skills to be a responsible member of society.
5. Be registered to vote (if of age), have obtained a driver's license (where appropriate), and be registered for the draft (if male and of age).

Adolescents and young adults are made aware of these requirements before they enter the program, and know that they must achieve each of these goals before program completion or "graduation."

Entry Into the Program

Adolescents at DYC are called *members* rather than clients to denote their status as members of a community. Thus, members enter the program through an intake interview performed at either the central office in Brooklyn, or the residential center. Most intake interviews and all of the formal DYC operational structure components take place at the Brooklyn center. Intake interviews are usually conducted with parent and child separately. If an adolescent is accepted into Dynamic Youth, he or she begins participation in the program immediately after completion of all relevant admittance paperwork.

Treatment Summary

Each stage of treatment will be discussed in greater length throughout the manual. Although an overview of Dynamic Youth treatment is provided here, individual members' experiences may vary greatly depending on their personal circumstances. Dynamic Youth staff know that no 2 adolescents enter drug treatment with exactly the same life, social, and drug use experiences, thus treatment interventions which are appropriate for one adolescent may not be effective for another adolescent. Staff tailor a treatment plan according to individual members' personalities, life experiences, familial situations, and therapeutic needs.

Residential Treatment

Members accepted at the Brooklyn center usually attend day treatment Monday through Friday and travel to the residential center on weekends, until the family demonstrates commitment to treatment, the member has demonstrated at least minimal commitment to treatment, and a bed becomes available at the residential facility. Once members enter full-time residence at the residential facility, they wear their induction member green ribbons for approximately 30 days. During this time they have limited privileges and their whereabouts are monitored more closely by staff and their *big brother / big sister*.¹ After they have demonstrated responsibility and commitment to their own treatment, induction members may shed their green

¹ For definitions of unfamiliar words and concepts which appear in italics throughout this manual, please consult the glossary, included at the end of this document, and/or the manual index for page numbers of in-text descriptions.

Section 1.1: Overview of Dynamic Youth Community, Inc.

ribbons and become general members. At this point they are assigned *lower peer* status, and have earned many of the privileges that other members possess.

Residential treatment lasts approximately one year. While members attend the residential center, they progress through 4 separate stages within the larger residential program: *new or induction member*, *lower peer*, *middle peer*, and *upper peer*. The transitions between these stages are subtle and often members themselves may not be able to pinpoint exactly when they entered a certain stage. However, each stage is marked with clearly defined privileges and opportunities and is entered according to the member's individual growth and his or her readiness for more responsibility.

All members at the residential center are expected to participate in daily *work crews*, group therapy 3 times a week, seminars, individual counseling, special activities, and any other community and individual events which might arise during the course of a day or week. In addition to serving on their work crews and attending group therapy and seminars, members who do not already have their GED or high school diploma attend school classes at the residential center's school house which is staffed by 2 Board of Education certified teachers.

Day Treatment

After a period of approximately 11 to 14 months in residential treatment, members are transferred to day treatment at the Brooklyn center. During this stage of treatment, members are encouraged to adjust to living at home after a yearlong separation from parents and siblings. The task of monitoring behavior now rests more upon the members, who are required to report all activity outside of the center to program clinical staff on a daily basis. During the crucial transition back into former home and neighborhood situations, members are not permitted to communicate with former associates who are still abusing drugs, and are discouraged from talking to old friends who may be a negative or triggering influence. Instead, members are encouraged to focus on their personal goals for recovery, their friendships with program peers (including other recently transferred members), and their readjustment to their family situation.

In the first stage of day treatment, members attend the treatment center Monday through Friday from 9:00 a.m. to 6:00 p.m. and return to their parents' houses in the evenings. On Wednesdays, members remain at the site until 10:30 or 11:00 p.m. while their parents attend parents' night at the Brooklyn center. Parents and children then travel home together after the night's activities. Members in day treatment are expected to remain in their parents' houses every weeknight unless they have requested permission from the Brooklyn center staff to participate in activities outside the home. Members in day treatment are also required to partake of fun activities (*trips*) with other members during the weekends. Each Wednesday night, members fill out *trip sheets* for weekend activities which include: where they are going, the names of all members included in the activity, what time the trip starts, what time the trip ends, and the name of the member organizing the trip. Trips may include going to the movies, going to the beach, and/or going out for dinner with other members.

Section 1.1: Overview of Dynamic Youth Community, Inc.

Day treatment members participate in the Brooklyn center's daily work crews, individual counseling, group therapy 3 times a week, and seminars 2 times a week. If they have not already completed a GED or graduated from high school, day treatment members also attend the Brooklyn center's school classes. Some members may attend a local high school for several hours a day, depending on individual circumstances.

Re-Entry

After approximately 6 to 8 months in day treatment, members transition to re-entry (day treatment with work or school release). Re-entry members attend the day treatment program on Mondays, Wednesdays, and Fridays, and work and/or attend school outside of the DYC community on Tuesdays, Thursdays, and Saturdays or Sundays. Members must locate their own jobs with help from the vocational counselor; however, members still participate in work crews, individual counseling, and group therapy 3 times a week. Re-entry members may also begin to date and are encouraged to interact with individuals who are not members of the Dynamic Youth community. Members are still discouraged from spending time with former friends who are enmeshed in the drug world; rather, they are expected to make new friends outside of their old circles. In addition, in order to ensure that re-entry members do not lose access to the member support network, they are still expected to attend the 3 required weekly "trips" with other DYC members.

Phase-Ambulatory

After 6 to 8 months in re-entry, again depending on individual circumstances, members transition to phase-ambulatory treatment and attend phase-ambulatory group therapy sessions at the Brooklyn center. In this program stage, members work full-time (Monday through Friday) and manage their free time as they see fit. They still attend group sessions at the Brooklyn center every Wednesday night from 7:00 to 9:00 p.m. and every Friday night from 7:00 p.m. to 12:00 midnight, but rules requiring adherence to the center's structural responsibilities are lifted. Instead, phase-ambulatory members are encouraged to take responsibility for structuring their own lives and finding appropriate free time activities. Phase-ambulatory members should be slowly weaning away from the program and learning how to live their own lives independent of Dynamic Youth. By the time members reach phase-ambulatory, they have typically participated in the program for 2 years. In order to ensure that members have adequate support as they begin to structure their own lives, members usually attend the twice-weekly phase-ambulatory meetings for approximately 12 months. When a group of phase-ambulatory members have reached the same stage of maturity and ability to make their own way in the world, they attend a graduation ceremony in their honor.

Parent Participation

While members progress through the residential, day treatment, re-entry, and phase-ambulatory segments of treatment, their parents attend weekly parents' night held at the Brooklyn center. Parents' night usually consists of a general meeting to discuss programmatic issues followed by parent group sessions. Staff see parental participation as essential for adolescent recovery and may pressure parents who are consistently absent from or late to parent

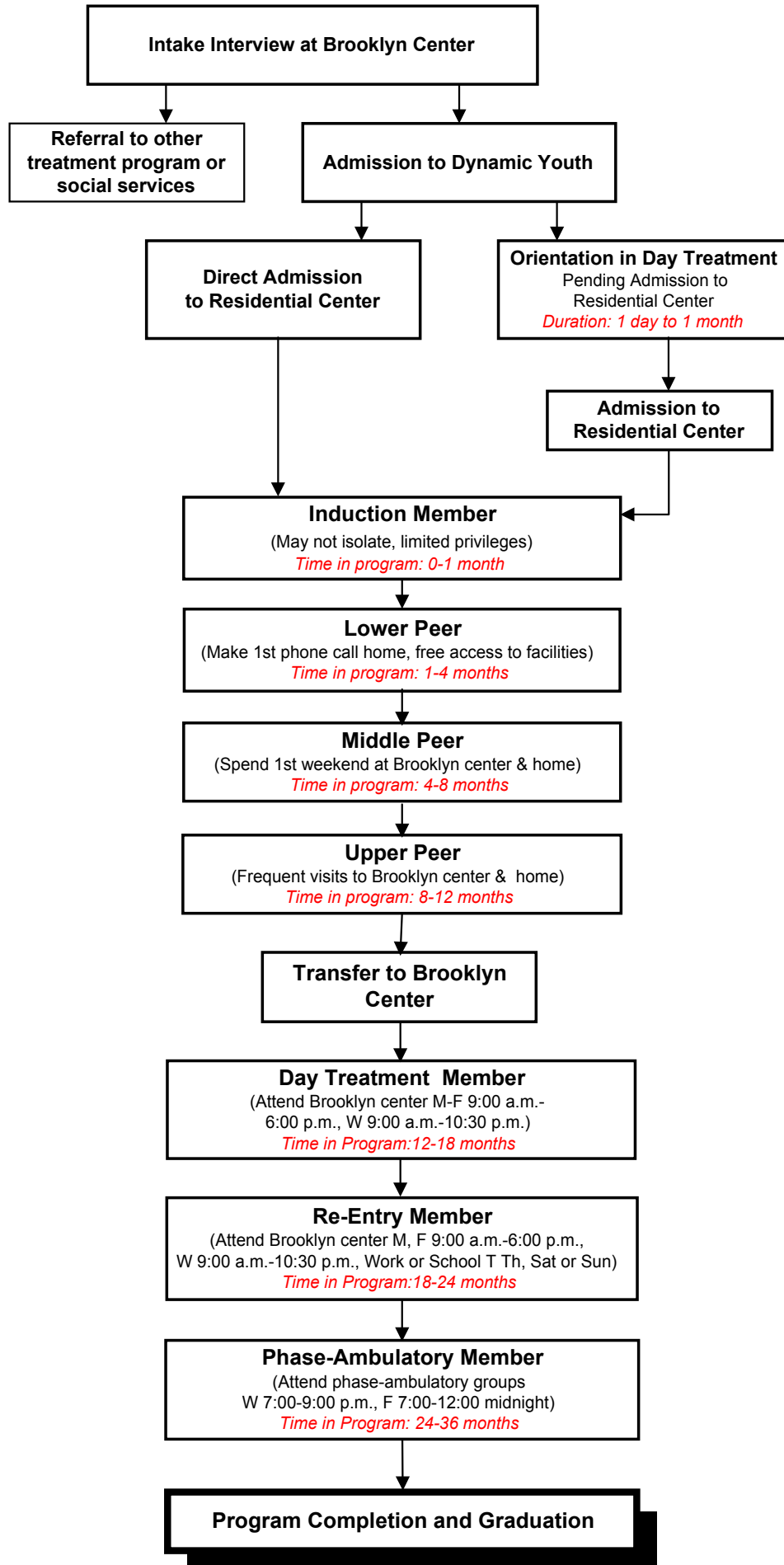
Section 1.1: Overview of Dynamic Youth Community, Inc.

meetings. If parents miss a parents' night, they are telephoned by staff and other parents and the reason for the absence is asked and noted in a permanent DYC file. If parents consistently refuse to attend parents' night, and if their absence jeopardizes their child's treatment, the child may be referred to another program. Parents' night is structured to be supportive and challenging at the same time, and parents are often expected to confront their own role in their child's drug abuse and recovery.

Completion / Graduation

Once members have attained their own therapeutic goals and have proven to themselves, program staff, and their families that they are able to live as fully productive and responsible members of society, they are ready for program completion (graduation). Parents, friends, members, staff, and visitors are invited to attend the 2 annual graduation ceremonies held at either the residential center or the Brooklyn center. Graduation ceremonies typically last several hours, and each graduate is encouraged to speak to the audience about his or her personal life story. Following graduation, members are encouraged to keep in touch with Dynamic Youth as alumni, but may not remain dependent upon the program. Alumni may come back to serve as guest speakers to members, or may attend occasional alumni gatherings sponsored by the center. If a particularly difficult situation occurs in a program graduate's life, he/she may schedule an appointment with a DYC clinical staff member to talk about the situation and receive a referral for additional treatment services if necessary.

Section 1.1: Overview of Dynamic Youth Community, Inc.



Section 1.1 Key Points Summary

Key Points Summary

- DYC is a multi-stage, continuum of care, adolescent therapeutic community. Residential treatment takes place in Fallsburg, New York. Day treatment, re-entry, and phase-ambulatory treatment take place in Brooklyn, New York.
- Parental participation in the treatment process is mandatory. Parents must agree to attend parents' night every Wednesday night at the Brooklyn center. Staff and other parents monitor parental attendance weekly.
- Treatment is highly individualized, but typically includes approximately:
 - 1 year of residential treatment at the residential center**
 - 6 months of day treatment at the Brooklyn center**
(adolescents attend treatment 5 days a week in a highly structured atmosphere and are held accountable for their time spent outside of the center)
 - 6 months of re-entry treatment at the Brooklyn center**
(adolescents attend the treatment center 3 days a week and work or attend school 3 days a week. Adolescents are still held accountable for their time spent outside of the center)
 - 1 year of phase-ambulatory treatment at the Brooklyn center**
(adolescents attend group therapy 2 times a week in the evenings and attend school or work full-time during the weekdays)
 - Completion / Graduation ceremony**
(adolescents attend a 4-5 hour graduation ceremony to mark their treatment completion)
- In order to graduate from treatment, members must: have obtained a GED or high school diploma or be currently enrolled in high school; be employed full-time (or currently enrolled in high school or college if applicable); maintain a drug-free lifestyle and remain a law abiding citizen; have acquired the necessary life and communication skills to be a responsible member of society; be registered to vote (if of age), have obtained a driver's license (where appropriate), and be registered with selective services (if male and of age).

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Section 1.2: History of the Therapeutic Community Movement

History of the Therapeutic Community Movement

Dynamic Youth Community, Inc. has from its inception been a modified adolescent therapeutic community. Treatment centers around peer therapy groups, structure, work therapy, discipline, and one-to-one discussions with DYC staff. Many of the techniques used in Dynamic Youth come from the therapeutic community oral tradition both in the United States and around the world. To best understand Dynamic Youth treatment and procedures, a brief history of the therapeutic community movement has been included.

The Rise and Fall of Synanon

Although therapeutic communities (TCs) were first used in England to treat psychiatric patients in the 1940's, the American-based Synanon is often recognized as the founding drug and alcohol recovery therapeutic community in the United States. Therefore, it is nearly impossible to discuss the therapeutic community movement in the United States without taking a good look at Synanon. Based on some of the self-help principles outlined in Alcoholics Anonymous, Synanon arose in the late 1950's out of a group of recovering addicts who lived in the same apartment complex in Ocean Park, California (Yablonsky, 1989). Led by former addict Chuck Deidrich, the group created its own therapy sessions which included attempting to break each member's negative self image, and filter through the combination of lies, excuses, and negative comments recovering addicts made to themselves and to others regarding their drug addiction. Slowly, as the impromptu therapy sessions continued, the group members began to realize that they were progressing in their quests to stay clean and sober.

Eventually, the group formed an organization, and purchased a small house on the Santa Monica, California, waterfront. They divided the various household chores amongst themselves and mandated that all people who lived in the house had to contribute to maintaining the house and its surrounding property—work therapy was born. Word of Synanon's success spread across the country throughout the late 1950's and early 1960's. Addicts from as far away as New York showed up on the Synanon doorstep in search of the Synanon “no nonsense” approach to drug rehabilitation. Synanon formed hierarchical leadership structures, and continued to accept addicts who proved that they were willing to make a concerted effort to change their lives.

Synanon functioned relatively successfully until the organization outgrew its Santa Monica house in the early 1960's. Once the organization entered its expansion stage, the focus shifted from helping recovering drug addicts, to creating a cultural lifestyle. People who had never been drug or alcohol addicts began to flock to Synanon. These residents, distinguished from addicts by the term “lifestylers,” changed the focus and goal of Synanon as a whole. Group therapy that was appropriate for deconstructing drug addicts' self-image was not appropriate for the larger public, or for the children that “lifestylers” brought to Synanon. Synanon began to take on cult-like aspects in the late 1960's and began to spin out of control in the early 1970's. Synanon itself ended in the early 1980's amid numerous negative speculations. However, by that time, members who attended Synanon in the 1950's had already begun to organize other TCs throughout the country. These former members had split from Synanon in the middle 1960's and used the original therapeutic Synanon concepts in their newly constructed TC structures. Vincent Tessitore, one of the founders of Dynamite Youth Center, was one of these former members.

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The original Synanon's "no nonsense" approach included tactics that have been criticized for being too strict, but which, in the early days of Synanon, seemed to help members progress through their treatment and therapy. Addicts wishing to enter Synanon were frequently made to wait on benches for hours before they saw Synanon authorities for admittance interviews. Once in the interview, prospective members were yelled at and verbally harassed. This confrontational approach ensured that only the addicts who were truly committed to their treatment entered the Synanon household. Once admitted to Synanon, addicts were expected to follow all rules and conform to the strict house structure. In Synanon, many of the current therapeutic community treatment techniques were created. It is this heritage—not the subsequent downfall of Synanon—to which current TCs adhere. The techniques born in Synanon have been modified by individual TCs throughout the last 40 years and vary today according to the needs of the individual therapeutic community's client population. As the larger culture has changed, TC techniques too have softened over the last 40 years, especially when applied to vulnerable special populations like adolescents and domestically abused women.

Populations Served By Therapeutic Communities

The therapeutic ideals and practices that arose out of the Synanon movement in America and the therapeutic community movement in England have been replicated in current therapeutic communities around the world, including Phoenix House, Odyssey House, Daytop Village, and Dynamic Youth. Although many therapeutic communities in the United States focus on drug and alcohol treatment, the therapeutic community model is also utilized by centers and organizations wishing to treat psychiatric disorders, emotional and mental disorders, abused women, prison populations, and sex offenders. In the United States alone, there are therapeutic communities which specialize in issues and problems specific to women with children, abused women (these TCs are often coupled with domestic violence shelters), sex offending men, adolescent boys with ADHD and/or behavioral problems, adolescent girls who have experienced sexual violence, and of course, adolescents and/or adults with drug or alcohol problems. Currently in the United States, versions of therapeutic communities are located in community residences, correctional facilities, medical hospitals, psychiatric hospitals, homeless and domestic violence shelter settings, and college preparatory schools.

Therapeutic Communities World-Wide

Not specific to the United States or the American cultural understanding, therapeutic communities are thriving on the international treatment front as well. In the past 40 years, TCs have flourished in countries and regions as diverse as Thailand, Italy, Spain, England, India, Colombia, Poland, Ecuador, Sri Lanka, Hong Kong, Singapore, Russia, Brazil, and New Zealand. Therapeutic communities are most popular in Italy, and have been used for almost 40 years in Australia and New Zealand. Numerous worldwide therapeutic community organizations and federations exist today, including World Federation of Therapeutic Communities, Therapeutic Communities of America, Center for Therapeutic Community Research, European Federation of Therapeutic Communities, and the Asian/Pacific Federation of Therapeutic Communities. Keeping in mind that each country maintains its own cultural and social identity, this international utilization of therapeutic community techniques implies that therapeutic

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community teachings are malleable and relevant enough to be tailored to a variety of international and inter-cultural perspectives.

Therapeutic Community Types

There is great variety in both the type and length of treatment in current therapeutic communities. While some TCs, like Dynamic Youth Community, are composed of 3 or 4 stages of treatment in a step-down treatment process, other TCs are composed of 1 specific treatment type and/or duration and refer clients to other programs like AA or NA for aftercare. In addition, TC principles and philosophies are frequently combined with other treatment types to form hybrid combinations of drug and/or alcohol treatment and other forms of treatment. The various types of TC treatment components include:

Long Term Residential	6+ months
Short Term Residential	1-3 months
Day Treatment	Days spent at treatment, nights spent at own residence
Ambulatory	TC type group meetings every few days

Therapeutic communities, modified therapeutic communities, and composite treatment types frequently choose the combination of therapeutic community stages that best suits their particular individual clients.

Therapeutic Community Philosophy

Regardless of the variations each individual substance abuse based therapeutic community creates for its specific population, therapeutic communities as a whole generally subscribe to several specific tenets and practices. These are as follows:

- Substance abuse is the symptom, not the cause, of the problem. In order to treat substance abuse, one must work on the underlying problems which caused substance abuse to occur.
- Treatment is not “provided;” rather, it is “made available.” Members are not forcibly committed to a therapeutic community and may leave the community at any time—provided they follow the appropriate procedure for leaving.
- Members seeking treatment must play an active role in the process of challenging themselves and others.
- Community as Method (De Leon, 2000). Learning occurs by participating as a functional community member. Each member is responsible for and dependent upon other members and must answer to all members for his or her mistakes, slips, and misbehavior. Community members participate in ALL community activities (group therapy, seminars, meals, peer mediation, friendships, work therapy, special celebrations, etc.).

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- **Structure.** Daily, weekly, and monthly activities are structured and completed according to clearly defined schedules to maintain a sense of order in members' previously unstructured lives.
- **Equality.** Staff and members maintain varying levels of equality and members are allowed to practice various measures of self governance.

Therapeutic Community Goals (in order of importance according to TC philosophy):

1. Socialization of the individual. Change negative patterns of behavior, thinking, and feelings that predispose drug use.
2. Stop drug addiction.
3. Prevent relapse through learning life skills and support in post-treatment period.

Section 1.2 Key Points Summary

Key Points Summary

- Therapeutic communities are used worldwide to treat a variety of mental, addiction, and social problems and appear to be culturally adaptable on both the national and international front.
- Therapeutic community type treatment was utilized in England in the 1940's and began to be utilized in the United States through Synanon (heralded as the "first" therapeutic community for drug addicts) in the middle 1950's.
- Most current drug addiction therapeutic community treatment is derived in some aspect from teachings fostered at Synanon in the late 1950's and early 1960's. Therapeutic community treatment has adapted over the years as the larger culture has changed.
- In the United States, therapeutic communities are used to treat battered women, adolescents with drug and alcohol abuse problems, sex offenders, prison populations, and adults with drug and/or alcohol abuse problems.
- Although generally residential, therapeutic communities may also be found in outpatient and ambulatory treatment centers.
- Aspects of therapeutic community treatment may be combined with other treatment modalities, such as 12 step programs or psychiatric counseling, to produce treatment "hybrids."
- At a therapeutic community, substance abuse is considered the symptom, not the cause, of the drug abuse problem. According to TC philosophy, in order to treat substance abuse, one must work on the underlying problems that caused the substance abuse to occur.
- At a therapeutic community, treatment is "made available," not "provided." Members must play an active role in their own and their peers' treatment progression.
- Therapeutic community goals (in order of importance according to TC philosophy):
 - Socialization of the individual (Change negative patterns of behavior, thinking, and feelings that predispose drug use).
 - Stop drug addiction.
 - Prevent relapse through learning life skills and support in post-treatment period.

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Section 1.3: History of Dynamic Youth Community, Inc.

History of Dynamic Youth Community, Inc.

Dynamic Youth Community, Inc. arose out of a New York City-funded project to create after school youth centers throughout the metropolitan area. The city purchased several abandoned buildings throughout the New York City area and obtained counselors to create various types of after school programs for the city's youth. Vincent Tessitore, a graduate of the Synanon therapeutic community, was hired to create the program in the old Dynamite Discotheque building in Brooklyn. Although the building had been abandoned for approximately 3½ years and needed major repairs, the then mayor of New York City, John Lindsay, cut the ribbon on the program in December of 1970. By March 1971, NYC had a director, Tessitore, and an assistant director, William Fusco (a graduate of Phoenix House). Together Tessitore and Fusco created an outpatient drug treatment program for approximately 9 youth. This initial program involved mostly building cleanup and repairs in the mornings and group therapy in the afternoons. The initial group of youth came to the center 5 days a week and stayed, as Director Fusco says, "relatively sober."

The Program's Evolution

Fusco and Tessitore knew from the very beginning of the program that they wanted NYC to become an adolescent therapeutic community treatment program. They knew that although therapeutic community principles could be applied to the adolescent setting, these principles would have to be altered to meet the specific needs of adolescents. Some of the harsher therapeutic community disciplines—head-shaving, sign wearing, and learning experiences—had to be tailored to fit the adolescent community. While they believed that clients should be taught that consequential repercussions occur as a result of their actions, Fusco and Tessitore understood that it would not be beneficial to spend excessive amounts of time trying to tear down adolescents' self images (as one would in an adult TC). Fusco and Tessitore believed that whereas an adult might enter a TC with a 20 year history of drug use and intermittent jail time, an adolescent is still in the process of becoming a functioning adult and has generally used drugs for 5 years at the most. Thus, an adolescent generally does not possess a hardened self-image, and may respond better to a softer TC approach.

In order to best work with their desired age range, Fusco and Tessitore felt that they needed to understand their clientele's thought process, mind-set, and goals, and the problems specific to adolescents. The directors believed that the best way to understand adolescents was to work with them, interact with them, and become involved in their lives on a daily basis. Fusco and Tessitore spent the time from March until May 1971 working side by side with the youth, learning about their lives, their problems, and their goals. Fusco states, "We were together with the members all day, either putting up sheetrock or talking in group. So basically, we had a real good sense of who they were, who *we* were. They had a lot of access to us, and we had a lot of access to them." In this way, Fusco and Tessitore were able to create therapeutic community treatment methods which were most appropriate for their clientele.

By May 1971, the program had grown in size, and the directors began to formulate treatment objectives and program requirements according to therapeutic community guidelines. By July 1971, the program had begun a fairly structured treatment regimen. Fusco and Tessitore had modified the TC based disciplinary contracts and learning experiences (behavior

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modification techniques), tailored their disciplinary approach, and banned head-shaving. They had also arranged group discussions that focused on topics interesting to and relevant for adolescents. In addition, they had incorporated *work therapy* into the treatment regimen. Members were required to stay clean and sober in order to remain active in the DYC community. Members attended the program 5 days a week and generally participated in activities with other members and staff on the weekends.

Parent Participation

By July 1971, Fusco and Tessitore had also created requirements for members' parents in the program. Fusco and Tessitore knew that early parental involvement was essential in order to create effective treatment for adolescents (especially day treatment where the members would be returning to their parents' homes at the end of the day) and that parents would have to be closely involved in the entire treatment process. Adhering to the therapeutic community concept that drug abuse is a symptom of larger problems and issues, and realizing that family communication is essential for drug rehabilitation, Fusco and Tessitore created *parents' meetings* and *parents' group* sessions on Wednesday evenings, and mandatory membership in the program's parents' association. Parents' night continues still today and is an essential part of treatment at DYC. Youth may not enter DYC for treatment unless they have support from at least 1 parent or other relative sponsor who is committed to attending the weekly parents' nights and any additional sessions necessary for the youth's rehabilitation. From the program's beginning, parents were naturally concerned about their children and often voluntarily called the center to ensure that their son or daughter was progressing in treatment. These impromptu conversations often alerted program clinical staff to members' actions outside of the treatment center and highlighted the parents' role in monitoring members' treatment progress. Thus, in an effort to monitor members' actions outside of the center and create an integral treatment role for parents, Fusco and Tessitore created *trip sheets* which members were required to submit each time they wanted to leave their parents' houses in the evenings or on weekends. Still today, trip sheets keep parents and staff in consistent contact regarding members' whereabouts and treatment progression.

Becoming an Independent Entity

Within a year, the population of Dynamite Youth had grown from 9 to 25 members. Staff had grown from 2 to 5. Dynamite Youth had become a full-fledged adolescent therapeutic community. At this point, the directors began to discuss the possibility of creating a residential center in addition to the existing day treatment center. In 1972, in order to create a residential treatment center, Dynamite Youth Center spun off from New York City and became a not-for-profit charitable organization. This split from New York City created 2 separate organizations which oversee the operations of Dynamic Youth Community, Inc. today. Dynamite became the not-for-profit organization, overseen by a board of directors composed of, and elected by, members of the parents' association. Dynamite owns the residential center and Brooklyn center properties and has a charter, which allows the organization to work with young people who are at risk or who have drug problems. Dynamic (the second of the 2 not-for-profit incorporated organizations) contracts with the state and is in charge of the drug treatment part of the organization. Dynamic holds a contract with the New York State Office of Alcoholism and

Section 1.3: History of Dynamic Youth Community, Inc.

Substance Abuse Services (NYS OASAS). The board of directors for Dynamic ensures that state regulations are being upheld. In reality, the 2 organizations work very closely with each other, and are barely distinguishable from one another in daily operations. Both boards of directors are composed of former or current members' parents and/or long-time loyal friends of DYC.

Incorporation of School Into Treatment

If they have not already obtained a high school diploma prior to entering treatment, members are required to attend school classes and must obtain either a GED or a high school diploma before graduating from DYC, or, for younger members, be currently enrolled in school. DYC has offered educational classes to adolescents since 1972. Originally an offshoot of New York City's off-site educational services, DYC's school program has been staffed by Board of Education teachers since its inception. Although hired and paid by the Board of Education, teachers are also trained in therapeutic community principles by DYC staff. Thus school at DYC is consistent with therapeutic community ideals, and ensures that the members' whole environment is focused on recovery. (Please see individual treatment stages for a more in-depth description of how school is integrated into DYC treatment.)

Evolution of the Residential Facility

In early 1973, the DYC directors located an old hotel and bungalow community in Fallsburg, New York (2 hours from Brooklyn), and purchased the property. The economic community surrounding Fallsburg, a formerly prosperous Catskills resort area, was in decline by the 1970's. Thus, the hotel and surrounding property were obtained at a relatively low price. In order to keep costs down and to help furnish the future residential facility, DYC contracted with New York City and began to create its own fund-raising activities. The parents' association and staff sold raffle tickets, contacted corporations for donations, and asked for donations in-kind. Couches, chairs, lightbulbs, paper towels and other assorted items were amassed by program fundraisers. The program encountered virtually no opposition from the surrounding neighborhood, perhaps due to the Fallsburg area's relatively low population and depressed economy.

The buildings on the newly acquired property were in great need of repair. They had stood empty for approximately 10 years and some were unsalvageable. Others, because they had been used primarily for summer resorts, lacked adequate insulation. Only one building on the property was in livable condition at the time. Fifteen members and 3 staff moved into this house almost immediately after the sale was closed, began to clean up the property and salvageable buildings, and created the DYC residential treatment center. With the exception of a lawyer hired to work on the re-zoning and tax issues, a building contractor to ensure building plans met all safety codes, and a plumber, all the renovation work was done by staff and members. The four-story house became the treatment center and dorms for the residential treatment population. Girls' dorms were located on the 3rd floor, boys' on the 2nd floor. Staff lived with members of the same gender in the dorms. The first floor contained group therapy rooms, living quarters, and the kitchen. Over a period of several years, staff and members rehabilitated the main hotel and other salvageable buildings on the property.

Section 1.3: History of Dynamic Youth Community, Inc.

Even today, the DYC residential facility continues to grow. Since the rehabilitation of the property's original buildings in the 1970's, members and staff have built a schoolhouse, a gymnasium, 3 staff homes, 2 dormitories, duck ponds, a screen porch, and a regulation size softball field on the center's property. The center's facilities are set up to imitate a campus structure with an open commons in the center. Members and staff prepare the building plans, acquire building materials and complete minor plumbing and electrical installation and repairs. In April 2000, the entire DYC community participated in the dedication of the recently completed girls' dorm. Built almost entirely by members and staff, the dorm is both comfortable and stylish. Inside it resembles a living room, with stained glass lamps and sofas, rather than the institutional feel the word dormitory generally connotes.

Financial Issues

By 1975, Vincent Tessitore had left Dynamic Youth, and William Fusco became the program's executive director. Although now an independent organization, DYC still received the majority of its funding from New York City. New York City's bankruptcy in 1975 caused the operating budget for the upstate facility to be reduced from \$72,000 per year to \$65,000 per year, and the Brooklyn center budget was reduced to \$60,000 per year. The city's economic difficulties nearly bankrupted the DYC program. Fusco merged 2 positions and cut his own salary by \$6,000 in order to keep the program running. Throughout the financial difficulty, staff and members remained committed to the program. This commitment, Fusco believes, kept the program together. Although DYC began to receive additional funding from the New York State Division of Substance Abuse Services in 1976, the crisis caused by the temporary cut in funding didn't subside until 1980-1981—illustrating the importance of a consistent funding source for adolescent drug treatment centers. Once funding was restored to normal levels, the residential facility was expanded from 20 beds to 35 beds. This expansion made daily operations at the residential center economically feasible. Currently, the program is supported by NYS OASAS (using a combination of grants and state and local assistance funds), parent contributions, and fundraisers. DYC is not a Medicaid service.

Program Expansion

From 1981 to the present day, the residential facility capacity has continued to grow. There are now 22 girls' beds and 54 boys' beds. At the moment, the residential facility has living space for 76 members and 15 staff members and their families. There are no plans to further expand the bed space.

In 1980 a third treatment component was added to the existing residential and day treatment stages. Recognizing that members needed some type of ongoing support system after day treatment, staff created *phase-ambulatory* treatment. During phase-ambulatory, members attend group sessions 2 nights a week. Phase-ambulatory members discuss work and relationship (familial and personal) problems, and readjustment issues. In essence, phase-ambulatory mimics the type of social system members would have had if they had maintained healthy relationships prior to entering treatment. Phase-ambulatory provides members with a group of peers who share a common treatment experience and are understanding and supportive of positive behavior patterns and values they learned at DYC. By including phase-ambulatory,

Section 1.3: History of Dynamic Youth Community, Inc.

DYC staff minimized the anxiety felt by members who are ready to break away from the DYC community and re-enter society. While other therapeutic communities have grown exponentially throughout time, DYC has most likely reached its growth limit. Executive Director Fusco believes that further growth would limit individualized treatment and detract from the familial atmosphere at the center. These are perhaps the two key issues of treatment at DYC, and staff are unwilling to compromise treatment in the name of growth. The Brooklyn facility is averaging over 50 members in day treatment—20 members more than ideal capacity.

While staff do not see the number of members increasing in the future, they do have plans to increase the quality of service and improve the existing facilities. At the time of this writing, DYC is set to start construction on a 7,000 square foot expansion of the Brooklyn center property. This new 10-bed facility is intended to serve those members who have been transferred from the residential to day treatment but are experiencing severe family discord. Once the addition is completed, DYC will be able to offer these members alternate accommodations should lack of support and a substance abusing environment make living at home detrimental to their treatment. The residential facility has recently purchased an in-ground pool from a neighboring piece of land and has been rehabilitating the pool area for the last several years. In addition, there are plans in the works for the renovation of existing residential center buildings. Other future DYC expansion will probably take the form of additional facilities for existing members, counseling and referral services, and other social service programs for adolescent drug abusers.

Program Philosophy and Therapeutic Communities

Arising as it did out of the therapeutic community environment, DYC program goals and philosophies, although altered for adolescents, are grounded in some of the early TC rhetoric. The program's creed—repeated by members along with the 1974 DYC member-written philosophy—originated in Synanon in the 1950's (see **Appendix A**). The basic structure of treatment at DYC includes group therapy, work therapy, behavioral therapy, and familial values. However, unlike Synanon, the ultimate goal for DYC members is to return to their homes and society as their drug treatment is completed.

While at the residential center or the Brooklyn center, or during phase-ambulatory care, members and staff work together to form a community throughout all aspects of treatment. All residents and participants at both facilities are referred to as the *family* and are addressed as such at house meetings. In keeping with the familial structure, adolescents are seen as members of a community rather than “clients” in a drug treatment program. Staff and members work together on projects within the facility and spend time together as individuals outside of group therapy. Because many of the residential center's clinical staff members live on the DYC property, they occasionally share their nuclear family moments with members. Members, in turn, are encouraged to share their own worries, fears, and moments of triumph with staff and their peers, both inside and outside of counseling and therapy sessions.

Section 1.3 Key Points Summary

Key Points Summary

- Dynamic Youth was founded as an adolescent drug treatment program by Vincent Tessitore, a graduate of Synanon therapeutic community, and William Fusco, a graduate of Phoenix House therapeutic community.
- In 1970, the day treatment center opened its doors in the old Dynamite Disco building in Brooklyn, New York. Members and staff helped rehabilitate the building.
- In 1972, Dynamic Youth acquired a former resort hotel property in the Catskill mountains near Fallsburg, New York. Members and staff moved into the property in 1973 and began rehabilitating the existing buildings. The residential treatment center was created.
- Initially, NYC received funding from the City of New York. Currently, NYC receives a substantial proportion of its funding from the New York State Office of Alcoholism and Substance Abuse Services.
- New York City's financial bankruptcy in 1975 caused severe financial difficulties within NYC. Despite the difficult time, staff and members remained loyal to the program.
- In the 1980's, a third treatment component, phase-ambulatory care, was added to the existing residential and day treatment components. Members typically spend approximately 1 year in residential treatment, 1 year in day treatment, and 1 year attending phase-ambulatory meetings twice a week.
- Currently there are 76 member beds (22 girls' and 54 boys') at the residential center. All beds are full; however, because staff understand the need to provide individualized treatment, they have no plans to expand the residential center's capacity in the near future.
- Currently, 50 members attend the Brooklyn center for day treatment. The center is at maximum capacity.
- The basic structure of therapy at Dynamic Youth includes group therapy, work therapy, behavioral therapy, and utilization of familial values.
- Staff and members work together to create a functioning community. Many clinical staff members live on the NYC residential center property. Staff at both the residential and Brooklyn centers occasionally share nuclear family moments with members.

Section 1.4: Adapting to the Community

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Section 1.4: Adapting to the Community

Adapting to the Community

In order to produce effective treatment, a therapeutic community must be sensitive to the changes in both national culture and its specific member population. Because the community is member-centered and member-driven, staff must maintain a continual understanding of adolescent culture and the larger cultural changes that influence this subculture. In addition to understanding adolescent needs, goals, and thought processes, staff must also remain aware of the continuously changing street and drug terminology. Changes in the member population's drug of choice, culture, ethnicity, and age can impact the discussions and issues addressed in the treatment process. Therefore, Dynamic Youth must remain flexible enough to accommodate societal changes while still maintaining its high standard of treatment care.

Changes in Drugs of Choice

Although DYC does not differentiate between members' drugs of choice in the treatment process, staff have tracked drug use trends throughout the program's 30-year history. While LSD and various barbiturates and tranquilizers seemed to be the drugs of choice in the 1970's population, most members in the 1980's entered DYC with an extensive history of PCP and cocaine use. In more recent years, heroin has increasingly become the drug of choice. Currently, members' primary drugs of choice are heroin, marijuana (heavy use), and cocaine. Staff note that members today are more often combination drug users—a change from the primary use of 1 drug of choice reported in the 1970's and 1980's. Most current members report occasional or weekend use of club drugs in addition to their 2 or 3 primary drugs of choice. When asked about drugs of choice, members generally recite a list of drugs which have been used concurrently with their primary drugs of choice, including ecstasy (3,4-methylenedioxymethamphetamine or MDMA), heroin, acid, cocaine, ketamine, gamma-hydroxybutyrate (GHB), phencyclidine (PCP), marijuana, alcohol, and crack.

Cultural Shifts in the DYC Neighborhood

Throughout the last 30 years, several cultural shifts have occurred in and around Dynamic Youth Community, Inc. The Brooklyn neighborhood in which DYC is located has been slowly changing over the last several years. Primarily an Italian and Irish neighborhood in the 1970's, today the neighborhood is populated mostly by an Orthodox Jewish community. The relationship between DYC and its Orthodox neighbors has been a good one, and DYC participates regularly in community activities, when appropriate.

Cultural Shifts in Treated Population

Because Dynamic Youth understands the need to take cultural changes into account when administering drug treatment, staff members are sensitive to member population shifts within the program. In the 1980's, DYC staff noted that a large number of the entering program members were unable to read. Many of the then members had been tracked into special education programs through the school systems and had somehow fallen by the wayside in their educational progress. In order to complete DYC, members must either be currently enrolled in high school, or preferably in possession of a high school diploma or a GED. Thus, teaching members to read became an important part of DYC treatment in the 1980's.

Section 1.4: Adapting to the Community

Also during the 1980's, several NYC recovered drug users suffered from complications associated with the AIDS virus. These deaths were particularly difficult for the close knit staff, members, parents, and alumni of the program. In order to maintain a cohesive bond within the program, staff included group discussions about death and grieving and encouraged individual discussions about coping with tragedy. Currently HIV is not a problem amongst members in the NYC population. However, staff have noted that the prevalence of Hepatitis C virus (HCV) is increasing. Drug treatment at NYC must occasionally be restructured to afford members time for doctor's visits and hospital stays associated with HCV.

As the Soviet empire began to crumble during the early 1990's, New York City saw a rush of Russian immigrants. These immigrants settled primarily in the Brighton Beach area of Brooklyn. Many own businesses and work as teachers and in other highly skilled jobs. Signs in Brighton Beach today are printed in English and Russian, and the population continues to grow. Like immigrants in the late 1800's and the early 1900's, the new wave of immigrants to New York City struggles with language, culture, ethnic differences, and the inevitable adjustment period (including generational shifts and splits). As these splits occur, families may encounter difficulties they didn't anticipate. Biculturalism can be a difficult challenge for all immigrant families. As a result, NYC itself has seen several cultural and ethnic shifts in its member population. Currently, approximately 30% of members are first generation Russian immigrants. Some Russian adolescents began to use drugs while still in Russia; others began to use when they immigrated to the United States.

As the Russian population of NYC has increased, the program itself has had to shift in order to accommodate the added aspects of an immigrant population. While members themselves are generally fluent in English and have become fully bicultural, their parents often speak little, if any, English. NYC Russian members' parents live in primarily Russian neighborhoods, and some struggle every day to find a niche within the broader American culture. Some parents are wary of any state-funded or state-supported agency. Thus while parents desperately seek help for their child, they often have a difficult time trusting NYC staff and other parents. Not only are they operating from a different cultural understanding, but they are also very often facing language and/or economic barriers. When a wage-earning adolescent enters a 3-year drug treatment program, it can create an economically difficult situation for the rest of the family. In addition, parents understand that they must attend weekly meetings in order for their child to receive drug treatment, but they sometimes do not understand why they must fulfill this requirement. As a result, NYC hired a Russian social worker (MSW) and several Russian translators. The program runs a weekly Russian speaking parent group, which contains a combination of Russian and American approaches. While they recognize the need for Russian speaking groups, NYC staff are concerned about segregating the Russian speaking parents outside of the general parents' group population. Staff currently are seeking ways to eventually reintegrate the Russian speaking parents into the larger population.

It is important to note that despite cultural barriers and differences, Russian parents are very committed to their adolescents' treatment. Typically, they do not hesitate to make a 3-year commitment to the program and their child's treatment despite the fact that they do not

Section 1.4: Adapting to the Community

understand the culture or the language well enough to feel fully informed of the center's day to day activities.

DYC protocol on the subject of members' language use has evolved with the changing cultural landscape of its member population. Use of the English language is not required to enter the program. However, members must attempt to learn English while in the program. All group sessions and formal program activities are held in English. If individual members cannot speak English, they can be assigned a translator (another member of the same heritage). Members are allowed to speak their native tongue outside of formal events. However, all members are encouraged to communicate to each other in English in order to foster intercultural friendships and to prepare them for employment later in treatment.

In addition to the ethnic Russian population, DYC staff report that in recent months they have seen an increase in the program's Latino population. Approximately 15% of DYC members are currently from a Latino or Chicano background. While Latino members and their parents are almost all fluent in English and rarely experience language barriers, DYC staff are aware that cultural differences may cause occasional misunderstandings that may impact member's treatment. Staff are aware that although the therapeutic community functions as a culture separate from the outside world, members' ethnic identities remain important in their personal lives and in their sense of identity and belonging. DYC staff consistently monitor treatment administration to ensure that members' individual cultural needs are being met by the program. To help members become familiar with the concept of ethnic differences, DYC has incorporated observance of some ethnic holidays into special treatment events. On these days, members may help plan meals which highlight foods from their ethnic backgrounds and may attend or help plan seminars about their ethnic culture of origin. Although ethnic culture remains important throughout the members' time in treatment, equally important is the fact that members learn to function as equals and create a treatment community despite their ethnic and racial backgrounds of origin. DYC works hard to ensure that members gain respect for and understanding of racial and ethnic equality both within treatment and within society as a whole.

Section 1.4 Key Points Summary

Key Points Summary

- DYC has shifted its treatment regimen to accommodate shifting member ethnic and cultural distributions.
- Dynamic Youth addresses major cultural issues in its treated population as they arise; examples include the AIDS epidemic in the 1980's, literacy campaigns, and changes in popular drugs of choice.
- As a therapeutic community, the culture of Dynamic Youth is driven by the members receiving treatment at any given point in time. In order to accommodate shifts in the member population, DYC has remained flexible and willing to alter treatment procedures to include diverse adolescents with a wide variety of personal experiences and cultural issues and problems.
- Currently 30% of Dynamic Youth members are Russian or Russian-American. Many parents of Russian members are first generation and are not fluent in English. Despite this fact, Russian parents remain committed to their child's treatment and to Dynamic Youth.
- The Latino member population at DYC is currently increasing.
- Throughout the program's 30-year history, staff have learned to understand, respect, and accommodate members' ethnic and cultural backgrounds and culture driven behavior.

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DYC Program Participants

Dynamic Youth usually accepts into the treatment program adolescents and young adults between the ages of 13 and 21. In extreme cases, members may be accepted into the program up to age 23. About 73% of the program's members are male, although this trend seems to be changing in recent years as more adolescent girls and young women enter drug treatment programs. Most (68%) are Caucasian; however, slightly more than half of these Caucasian members are first or second generation Russian immigrants. Many of these Russian immigrant adolescents and young adults have parents who do not speak English or who speak English as a second language. Fifteen percent of the program's members are Latino (Hispanic of any racial background) and 12% are African Americans (NYS OASAS CDS, 2001).

The majority of Dynamic Youth's members (87%) come from 1 of the 5 boroughs of New York City and the remainder come to the program from areas around the Dynamic Youth residential treatment center in upstate New York. According to 1999-2000 admission data from the OASAS (Office of Alcoholism and Substance Abuse Services) Client Data System² evaluation of Dynamic Youth, 31% of youths from all treatment stages (residential, day treatment, re-entry, and phase-ambulatory) were between the ages of 17 and 18 years old. Another 25% were between 15 and 16 years old. Twenty-one percent of Dynamic Youth adolescents were between 19 and 20, and 17% were over 20 years old. The remaining members were between 13 and 14 years old (6%). While Dynamic Youth does not usually accept members over 21 years old upon entry, it is possible that some members might be over 24 years old when they complete the program 3 or more years later. Average treatment length is 2 to 3 years, but severe cases may take longer. In recent years, DYC has seen a shift in member age ranges, with higher concentrations than previously reported in the 13 to 14 year age range. Program completion requirements (e.g. obtaining a high school diploma or GED), are altered for younger members. The average age of program members in all stages of treatment in 2000-2001 was 17.9 years old.

Age Appropriate Treatment

Despite the wide age range of members, DYC does not tailor treatment to clients' individual ages. The philosophy behind this policy is the underlying belief that drug use and abuse halts the emotional and social maturation process. In general, members at DYC have all begun drug use at about the same age (11 to 13 years old). Regardless of the length of drug use past that point, the emotional and social maturity of the members may remain similar to the age at which they began using drugs. Therefore, most clients at DYC respond similarly to treatment despite their age differences. If members, regardless of chronological age, show remarkable maturity and progress in treatment, their achievements are recognized by program clinical staff and program peers. Occasionally this means that 14-year-old members may be in a more authoritative work crew role than 21-year-old members. In these situations, the 21-year-old members are expected to treat the 14-year-olds with the same respect they would give any other member. Learning to cope with difficult and frustrating situations helps to prepare members for employment and educational pursuits outside of DYC once treatment has been completed. Often

² The New York State Office of Alcoholism and Substance Abuse Services (OASAS) tracks yearly admission and discharge data from all licensed treatment providers within the state of New York and compiles this information in a Client Data System (CDS) database.

Section 1.5: Client Overview

in employment situations, people must take orders from bosses and co-workers who are younger than themselves.

Instead of differentiating members by chronological age, NYC makes distinctions between clients based on the amount of time spent in the program. NYC calls this *program age*. Therefore, an *older member* is one that has been in the program longer than most other clients. *Older members* may be any chronological age between 13 and 21 years old. Accordingly, this manual uses the terms *older member* and *younger member* to refer to the time members have spent in the program, not their chronological age.

Primary Drugs of Choice

In the 2000-2001 OASAS data from Dynamic Youth, adolescents indicate heroin (43%), cocaine (22%), and marijuana (19%) as their primary drugs of choice. Other hallucinogens including acid and ecstasy (10%), PCP (7%), crack (3%), and methamphetamine (1%), were the remaining drugs of choice. Heroin was both injected and inhaled. Marijuana was primarily smoked in combination with cocaine or on its own. Cocaine was primarily inhaled or smoked. Members often report combining 2 or more drugs in their daily use, such as cocaine and marijuana or heroin and marijuana. Thus, while adolescents might list marijuana as their primary drug of choice, they might also be using heroin and/or cocaine concurrently with the marijuana.

Referral Sources

Adolescents enter the program through various portals of entry. The majority of referrals to NYC treatment come from either family or friends of the members (43%). Dynamic Youth staff and parents report that many parents learn about the program through word of mouth (either parents of members who have completed or other parental conversations). Other alcohol or drug programs, including prevention and intervention programs, account for the next greatest number of referrals (37%). While 57% of Dynamic Youth members have been involved with the criminal justice system at one time or another, criminal justice agencies account for only about 12% of program referrals.³ Other referral sources include social services agencies (7%), mental health providers, and other healthcare providers. Seventy-four percent of Dynamic Youth members have had 1 to 5 prior treatment episodes in other treatment facilities and treatment types. Because of the extensive nature of TC treatment, NYC tends to receive members with more severe cases of drug dependence than do other treatment programs. Dynamic Youth often accepts adolescents with severe drug use history (including injection heroin users) who have been turned down by other similar treatment programs—including other therapeutic communities. Most Dynamic Youth members (98%) enter the residential stage of treatment (located in upstate New York) directly after a 1 day to 2 week introductory evaluation period at the Brooklyn day treatment center. The remaining 2% enter residential treatment after attending about a month of Brooklyn day treatment (NYC OASAS CDS, 2001).

³ It is important to note that adolescents who entered NYC through self or family referrals and through referrals from other treatment programs were often also involved in the criminal justice system and may have been referred to NYC by criminal justice system representatives in an informal manner.

Section 1.5: Client Overview

Bio-Psycho-Social Status of Adolescents Upon Entry

Adolescents are not admitted to Dynamic Youth if they meet 1 or more of the 3 following criteria:

1. Severe psychiatric problems (e.g. psychosis, very low level of functioning, severe anxiety disorder). Dynamic Youth does not have on-site capability to handle severe psychiatric cases. Therefore, adolescents who have clear diagnoses of psychosis, severe anxiety disorder, etc. are referred to other programs. Adolescents with less severe psychiatric concerns and/or with ADD/ADHD (attention deficit disorder and attention deficit hyperactivity disorder), conduct disorder, or other mild anxiety disorders are considered for admission to NYC on a case-by-case basis.
2. Responsible for violent crimes like arson, forcible rape, murder, or attempted murder. The treatment at Dynamic Youth is based on trust and acceptance. Violence is not tolerated in any way, and the community feels that it cannot risk admitting individuals who have a severe or serious previous record of violence or crimes which could endanger another person's life or well-being.
3. Lack a family sponsor who will participate in the treatment program. The philosophy of Dynamic Youth includes the belief that an adolescent is a product of his or her social structure. In order for treatment to work, both the adolescent and the social structure must change. Therefore, a parent or other relative sponsor must participate in group meetings in an effort to alter the home environment into which the adolescent will return.

Prior Education of Adolescents at NYC

Dynamic Youth members usually have an educational level below their expected grade according to their age. The majority of those members who aren't old enough to have a high school diploma are 1 to 3 grade levels below expected. Only 29% of the total Dynamic Youth population have a high school diploma or General Equivalency Diploma. However, it must be noted that only 41% would (by age) have been expected to have graduated from high school. Additionally, 7% have attended some college before they entered Dynamic Youth. If they have not already, all members 16 and older upon entry to NYC must either complete their GED or earn their high school diploma before graduating from NYC.

Program Attrition (Split Rate)

In recent years, the attrition rate for Dynamic Youth members has been fairly steady. Taking into account the fact that therapeutic communities generally treat adolescents with the most severe addiction problems and that Dynamic Youth is an extensive 3-year, voluntary program, the split rate is fairly low. On average, a significant number of the initial members leave the program within the first 3 months of treatment. This is by far the largest dropout period, and the split rate goes down markedly the further along the members are in treatment. Approximately 56% of the initial members remain in treatment for at least 1 year. In 2001, the retention rate for day treatment (including re-entry) and phase-ambulatory was 85% and 76% respectively.

Section 1.5: Client Overview

Recent literature regarding therapeutic communities has raised questions about the effects of treatment upon given individuals despite a split from their respective programs before treatment completion. Researchers are looking into the possibility of measuring the effects of treatment for individuals who have completed 6 months to a year and a half, but have not finished the program. There may indeed be positive therapeutic effects which have occurred during the time in treatment regardless of whether or not the individual has completed the program.

Section 1.5 Key Points Summary

Key Points Summary

- Dynamic Youth typically accepts adolescents who are between the ages of 13 and 21. The majority of NYC members come from 1 of the 5 boroughs of New York City.
- Despite the wide age range, NYC believes that most members respond similarly to treatment. Thus, the program does not make immediate concessions for chronological age.
- Because treatment at NYC requires 1 year of residential, 1 year of day treatment, and 1 year of phase-ambulatory meetings, the program tends to receive adolescents with more severe cases of drug dependence and those who have been turned down by other similar treatment programs.
- Adolescents who seek treatment at Dynamic Youth typically have severe addictions or are involved with drugs such as heroin, cocaine, PCP, LSD, ecstasy, marijuana, and alcohol. Almost all adolescents to enter treatment at NYC are combination drug users.
- Adolescents are primarily referred to Dynamic Youth through family and friends, other alcohol and drug programs, and the criminal justice system.
- Adolescents with severe psychiatric problems, a history of rape, murder, or arson, and/or who lack a family sponsor may not be accepted at NYC.
- Adolescents with attention deficit disorder, attention deficit hyperactivity disorder (ADD/ADHD), conduct disorder, anti-social personality disorder, and other less severe psychiatric concerns are admitted to NYC on a case-by-case basis.
- The general education level of NYC members is 1 to 3 grade levels below expected levels. However, a small percentage of adolescents have completed high school, and some have attended college before entering treatment at NYC.
- NYC's attrition rate is relatively low, especially when the 3-year length of the program is taken into account.

Section 2:

Staff

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Section 2.1: Staff Overview

Current DYC Staff

Currently, DYC employs 17 clinical staff (including program directors and assistant directors) and 16 support staff. Eleven clinical staff members, a nurse, 2 teachers, a chef, a bookkeeper, a receptionist, a support staff member, 2 part-time night staff, and one full-time maintenance staff member are based at the DYC residential center. Seven clinical staff members are former graduates of Dynamic Youth. The Brooklyn site, which houses day treatment and re-entry, parents' night, and phase-ambulatory meetings, employs the executive and associate directors, 6 clinical staff members, 1 full-time vocational counselor, 6 support staff, 2 intake staff, 1 teacher, and 2 part-time counselors. The program's executive director is based at the Brooklyn center but travels approximately every 2 weeks to the residential center. At both centers, approximately half of the clinical staff members are women.

Educational Background

Because the therapeutic community method of drug treatment is all encompassing, DYC staff must be well-versed in therapeutic community goals, treatment, and objectives. Current staff at DYC come from a variety of social, economic, and drug treatment backgrounds. Some staff members obtained college and/or graduate degrees in social services or counseling and then applied to work in the therapeutic community setting; other staff members have graduated from either Dynamic Youth itself, or from other therapeutic communities. Contrary to the traditional TC model—where all staff members were former members who had completed their treatment—DYC directors have combined “educationally trained” staff with “life trained” staff. Regardless of their academic or experience origins, all clinical staff at DYC either hold or are working toward obtaining their New York State CASAC (Credentialed Alcohol and Substance Abuse Counselor) certification. Because therapeutic community treatment has been passed down through oral tradition, all new staff members go through a 1-year observation and training period during which they listen to and observe the therapeutic techniques used at DYC. DYC directors realize the need for staff members who originate from a combination of educational backgrounds and life experiences. Thus, in recent years, DYC directors have hired a Russian-speaking certified social worker to work with the program's Russian-speaking parent population.

Staff Role in the Therapeutic Community

Staff members are the key ingredient to a successful therapeutic community. In essence they create the community culture and foster the caring and open attitude necessary for maintaining a therapeutic atmosphere. Clinical staff members work hard to earn adolescents' trust and respect so that they might better help adolescents adjust to and thrive in the community. Because residential members and staff interact in a living environment as well as a therapeutic environment, all staff members must be consistently informed about individual members' specific problems and concerns on a daily (sometimes hourly) basis. In order to maintain this level of informative concern, staff meetings are held periodically throughout the day to discuss disciplinary actions, group therapy, individual counseling, and observed behavior in individual members. Because some residential center staff members live on the center's property, they are easily located in the event of emergencies or crises within the center.

Section 2.1: Staff Overview

Although Brooklyn clinical staff do not currently live on the site, they occasionally work long hours and are aware of the fact that their working hours will not always conform to a 9:00 to 5:00 work week. Brooklyn clinical staff are generally assured of weekends off—since the Brooklyn facility is closed every Saturday and Sunday—but individual staff members may, at times, spend a Saturday or Sunday afternoon with a group of members outside of the context of the center. In addition, all Brooklyn clinical staff are required to work on Wednesday evenings during the parents’ and phase-ambulatory group meetings. Thus, Brooklyn staff might not leave work until 11:00 p.m. on Wednesday nights. In essence, all staff members at NYC must be flexible in their personal schedules, committed to the program, and willing to blend certain aspects of their personal lives with their work lives. This level of personal commitment is absolutely necessary for NYC to function as a cohesive therapeutic community.

Staff Living Arrangements at the Residential Center

Many residential center clinical staff members are offered the option of free housing on the residential center property as part of their employment packages. Staff who choose to participate in these benefits must commit to being on call for 1 to 2 nights a week should an emergency arise at the center. Staff houses and apartments are located on one side of the center property and are off limits to program members. One, 2, or 3 bedroom fully-equipped apartments are available to staff on a first come, first serve basis. Staff houses and apartments are remodeled routinely to ensure that all living facilities are up to date. Staff members’ families, children, and pets are welcome on the center property. Aside from being on call 1 to 2 nights per week, residential center staff members are assured of family privacy during their off hours; however, staff members’ families are always welcome to participate in residential center festivals and special events. To promote community unity, all on-duty staff members must eat lunch with members at the center, but may take an hour dinner break with their individual families in the evenings.

Staff Satisfaction

I couldn’t trade this in for anything else. It’s not the most high paid job in the world but me and my family get by. I have friends who work in the stock market, and work in computers and work with their hands. This is a job that makes a difference, you know. People come to me and say, “Tommy, I need to talk.” They need to talk. They really count on it. I like that. I know that I can help people here and it’s important to me....It’s helping. Dynamite needs to be here and needs to be good and I know that I can do this. I can be the guy.

Tommy, Brooklyn Program Director

In general, staff commitment to the program and work satisfaction is high. Staff have repeatedly said that they work for NYC because they believe in the program’s ability to help adolescents and young adults—not because they seek financial reward or status. Staff cite a feeling of accomplishment when members change and grow, a commitment to NYC ideals, and

Section 2.1: Staff Overview

the supportive and friendly working atmosphere as major contributing factors to their level of job satisfaction. Job retention for staff is high. Younger clinical staff, on average, spend about 5 to 7 years working for NYC before moving on to other careers. Other staff members have been with the program for 25 years or more.

Staff Hierarchy

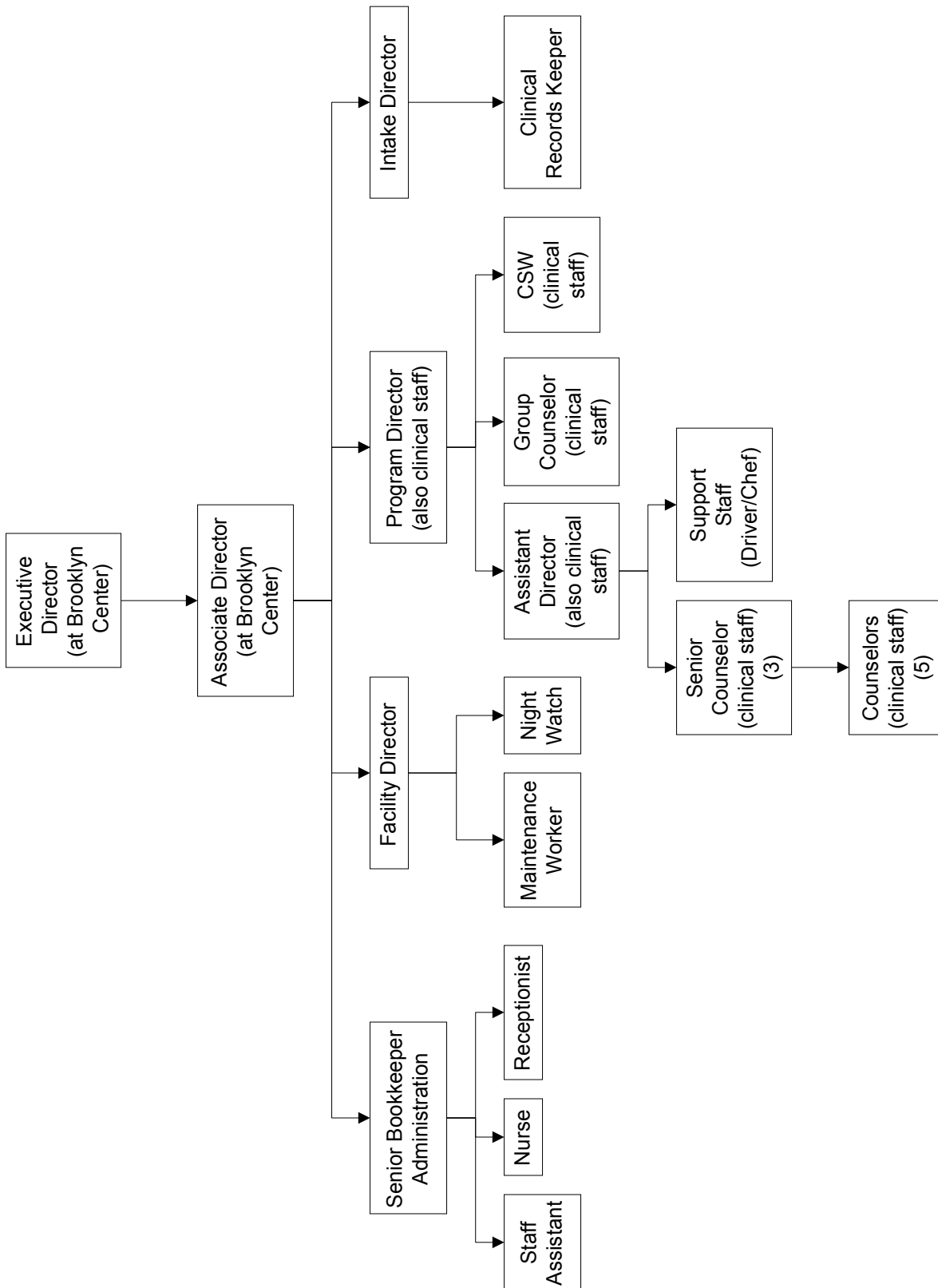
NYC is overseen on a daily basis by the program's founding executive director and the program's associate director, both located at the Brooklyn center. The 2 directors are informed of all daily activities and occurrences at both centers, and both directors occasionally participate in therapeutic groups and other clinical activities. The executive director routinely runs special group sessions and parent-child group sessions with program members and parents. Program administrative and financial matters are handled by the associate director in conjunction with the Dynamic Board of Directors and are approved by the executive director.

In addition, both the residential center and the Brooklyn center are overseen by a program director and an assistant program director who are in charge of clinical treatment at their respective centers. Senior clinical staff members support the directors in administrative duties and decision making responsibilities. All clinical staff members—including the program director, assistant program director, senior clinical staff and clinical staff—help ensure the daily clinical functioning of the therapeutic community.

The executive director, the Brooklyn center program director, and the residential center program director have the final say in all decisions made about each individual member's treatment progression. Individual clinical staff members may not hand out reprimands and/or alter a member's treatment without prior approval from their respective program director.

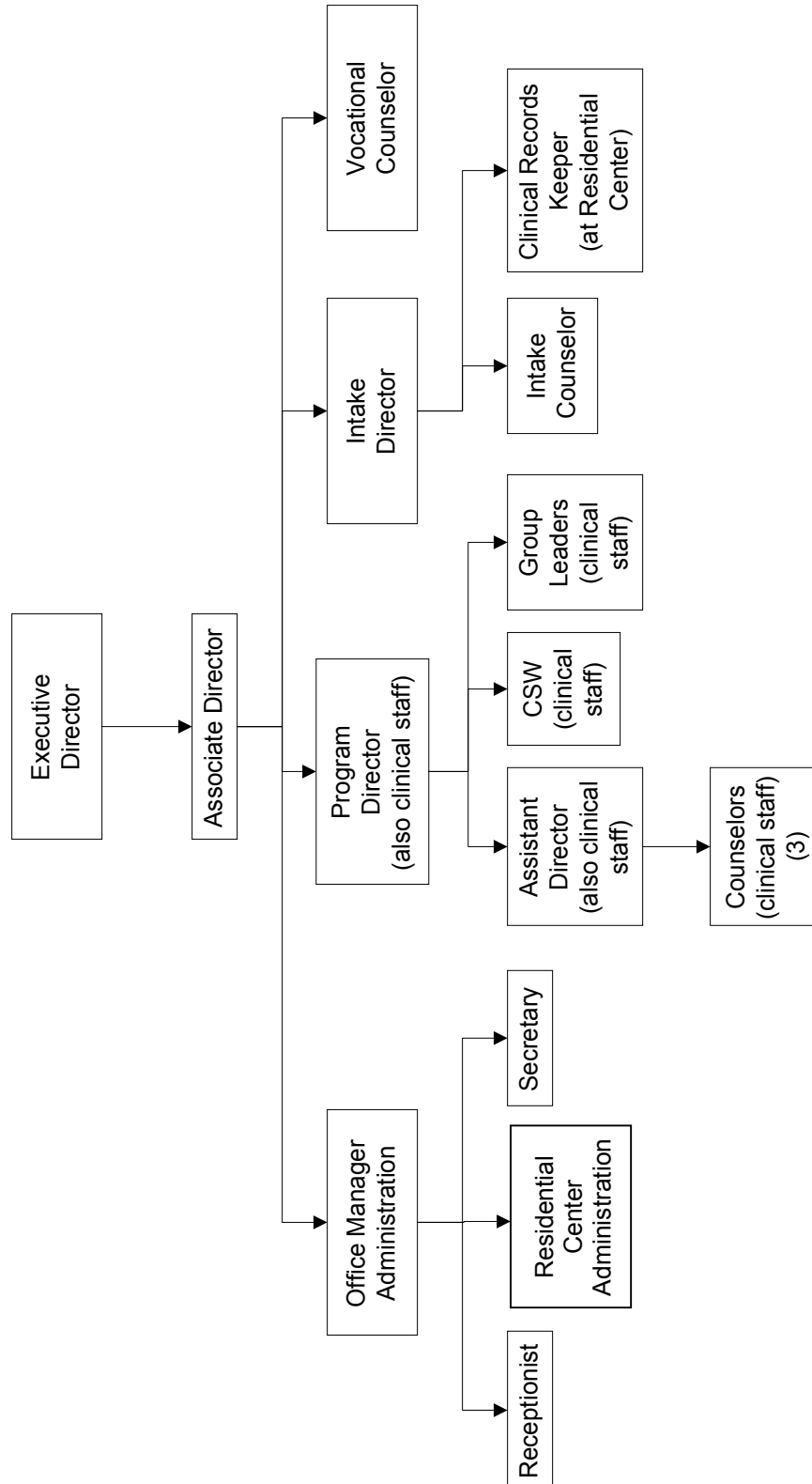
Section 2.1: Staff Overview

Staff Hierarchy Table: Residential Center



Section 2.1: Staff Overview

Staff Hierarchy Table: Brooklyn Center



Section 2.1 Key Points Summary

Key Points Summary

- The residential center employs 11 clinical staff members while the Brooklyn center employs 6 clinical staff members. Program directors and assistant directors are considered clinical staff.
- NYC employs a combination of “educationally trained” and “life trained” clinical staff members. All NYC clinical staff are, or are in the process of becoming, New York State Certified Alcohol and Substance Abuse Counselors.
- NYC staff display a high level of commitment to the program. Many residential center clinical staff members live with their families on the program’s property and are available 24 hours a day for emergencies.
- In general, NYC staff have a high level of job satisfaction. Some staff have worked for NYC for upwards of 25 years.
- Staff at both centers work under the executive and associate director of NYC. Each center then has a respective program director and assistant program director who handle daily treatment issues and serve as clinical staff. Other clinical and support staff have a defined hierarchy and supervisors to whom they report.

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Section 2.2: Clinical Staff

Position: CLINICAL STAFF MEMBER

Duties: Clinical staff members at both the residential center and the Brooklyn center are expected to responsibly administer treatment to the NYC member population during scheduled work hours and work days. Specifically, clinical staff members are responsible for coordinating, scheduling, and leading group therapy sessions, holding one-to-one counseling sessions with individual members, monitoring members' daily behavior, running *house meetings*, handing out behavioral reprimands, interacting with program parents, leading parental group sessions, accompanying members on field trips and other activities off of the center property, attending all staff meetings, maintaining center to center communication, serving as a program stage coordinator, completing clinical records updates, serving as a work crew coordinator, managing individual members' cases, conducting data sessions, participating in agency fundraisers, working closely with other clinical staff members, and monitoring daily activities on the center property.

Clinical staff who have worked at NYC for several years and demonstrate an exceptional degree of responsibility and management skills are given the title of senior clinical staff. This position requires additional duties including: conducting change of shift meetings when the program director and the assistant program director are unavailable, coordinating one-to-one counseling sessions, coordinating fieldtrips and other cultural/educational trips off of the center property, actively participating in the agency communication network, participating in interagency clinical meetings when appropriate, serving in a supervisory capacity with the assistant program director, and attending external training sessions and conferences as assigned by the program director.

Supervisor: Program Assistant Director
Program Director

Section 2.2: Clinical Staff

Program Procedure: HIRING CLINICAL STAFF

Description: DYC directors attempt to fill clinical staff vacancies with candidates from inside and outside of the program. Available clinical positions are advertised in a local newspaper and a variety of candidates are interviewed. In an effort to maintain a balance between life educated and scholastically educated staff, DYC directors ensure that some clinical staff positions require educational degrees while others require previous experience with therapeutic communities or other treatment types, regardless of educational level. Occasionally, DYC graduates may display the qualities and characteristics directors are looking for in a clinical counselor. These graduates may be encouraged to apply for the position if they show interest.

The first interview is generally conducted by the immediate supervisor of the position to be filled. Qualified candidates may be interviewed up to 4 times by program directors before a final decision is made. General qualities all clinical staff must have are good leadership skills, desire to work in the field, good communication and writing skills, potential as a role model, and a minimum of a high school diploma. Further education and experience in a TC or other form of treatment is valued, but not always required. DYC directors value diversity in their staff and look for diversity in prospective employees.

Responsible: Direct Supervisor of the Position to Be Filled
Program Directors, Executive Director, and Associate Director

Section 2.2: Clinical Staff

Program Procedure: CLINICAL STAFF TRAINING

Description: All clinical staff are hired on a conditional basis and must complete an initial yearlong probationary period during which they have the same responsibilities as fully-fledged clinical staff members, but are under close supervision by a senior staff member or the program director. New clinical staff help run group therapy sessions and give one-to-ones, but a senior staff member must always be present.

Clinical staff members completing their probationary period initially participate in biweekly meetings with program directors who give them feedback on their job performance and offer helpful suggestions. Once program directors and the executive director are confident of a new staff member's abilities, the probationary period ends and the staff member may run group therapy sessions and participate in other clinical activities with the same authority and restrictions as other clinical staff members.

Why: Provides an opportunity for new staff to become fully acquainted with therapeutic methods utilized at NYC.

Allows program directors and the executive director to assess new staff members' strengths and weaknesses in administering therapeutic treatment to members before allowing them to administer therapeutic counseling sessions or group therapy alone.

When: Directly following the clinical staff members' hire.
Probationary period lasts 1 year.

Responsible: Program and Assistant Program Directors
Senior Clinical Staff Members
Executive Director

Section 2.2: Clinical Staff

Program Procedure: CLINICAL STAFF SCHEDULES

Description: At the residential center, the assistant program director creates a monthly rotating clinical staff schedule. Since coverage is needed 7 days a week and 24 hours a day, clinical staff generally rotate between day, evening, and night shifts. Staff members who know in advance that they will need certain days off submit their requests to the assistant program director at the end of each month. Depending on the center's scheduled events, typically 4 clinical staff members work from 8:00 a.m. to 5:00 p.m., 2 staff members work from 1:00 p.m. to 9:00 p.m., and another clinical staff member works from 4:00 p.m. to 12:00 a.m. During night hours, from 12:00 midnight until 8:00 a.m., a night staff monitor, trained for emergencies, watches over the dormitories and the property. In addition, 2 clinical staff members are on call and must be on or near the center property. All residential clinical staff, except the director and assistant director, work on weekends on a rotating schedule. While not officially scheduled, the director and assistant director are on call each weekend. All clinical staff are on call in case of extreme emergencies each night unless they are scheduled for vacation time or personal leave or have a serious illness.

At the Brooklyn center, the program director is responsible for scheduling staff hours. Staff schedules are fixed and clinical staff generally work Monday, Tuesday, and Friday from 9:00 a.m. until 6:00 p.m. On Wednesdays, all staff are required to work from 9:00 a.m. until 11:00 p.m. to supervise parents' night and run parents' group sessions. On Thursdays, clinical staff members generally work from 10:00 a.m. to 6:00 p.m. To make up for the time worked on Wednesday nights, all clinical staff members are assigned a late day—a day when they come in at 11:00 a.m. instead of 9:00 a.m. These late days are fixed and preferences are granted based on seniority. Additionally, one staff member is responsible for unlocking the center each morning and locking up the center each evening. This duty requires staff members to be the first in and/or the last out of the building and is assigned on a rotating basis. At both centers, schedules are made with staff needs in mind. Wherever possible, schedules may be altered to accommodate personal events in staff members' lives.

Why: Ensures clinical coverage at the center during all hours of operation.

Ensures that clinical staff hours are fairly and evenly distributed.

Accommodates staff personal schedules and provides flexibility.

When: Staff scheduling occurs once a month.

Responsible: Residential Center Assistant Program Director
Brooklyn Center Program Director

Section 2.2: Clinical Staff

Program Procedure: CLINICAL STAFF MEETINGS

Description: Clinical staff meet twice a day in the program director's office for clinical staff meetings. At these meetings, staff review *phone and home requests* submitted by members (residential center only) and *requests for work crew changes*. They discuss individual members' therapeutic progression and any behavior changes members may exhibit. All staff members are encouraged to provide suggestions and opinions based upon their interactions with individual members and their observations of the members' behavior in group therapy, in *one-to-one counseling*, and in daily interactions with their peers. Decisions that affect individual members' treatment are made using a consensus model with the program directors and executive director holding final authority.

The Brooklyn center clinical staff hold an evening meeting which serves to conclude the day's treatment. All staff are informed of and discuss the day's occurrences and individual members' treatment progress, especially problems which might arise once members return home for the evening. Scheduled member *trips* are also discussed by staff at evening meetings.

Why: Ensures that clinical staff maintain a consistent, unified understanding of issues and problems presented by individual members, thus reducing or eliminating potential staff errors.

Provides a space for discussion of multiple viewpoints before decisions are made about individual members' treatment.

Promotes teamwork and morale among staff members.

When: **At the residential center:** every morning and evening, Sunday-Saturday.
At the Brooklyn center: every morning and evening, Monday-Friday.
Clinical staff meetings typically last between 45 minutes and 1 and ½ hours.

Responsible: Clinical Staff
Residential and Brooklyn Center Program Director or Assistant Program Director

Quotation: **Interviewer:** So you talk as a group, the staff does, about how to approach this kid.
John: Every day. Everybody is spoken about every day, about what went on that day, everything would be talked about. You have to know who you're dealing with all the time. You just can't wing it.
John, Residential Center
Program Director*

* With the exception of the NYC executive and associate directors, all names used in quotations are pseudonyms.

Section 2.2: Clinical Staff

Program Procedure: CLINICAL STAFF SHIFT MEETINGS

- Description:** At the residential center, staff shift meetings are the point at which day clinical staff hand the house over to evening and night staff. Day staff discuss the day's incidents, problems and occurrences with clinical staff reporting for evening shift and discuss information about members' interactions, reprimands, concerns, and discussions during group therapy and individual counseling. In addition, day staff discuss members who may need to be watched or may need to talk during the evening. Occasionally members wish to address personal problems during the evening hours when the schedule is a little less frantic and they have more free time to think about the day's events. Shift meetings allow evening staff to be informed about these events and fully prepared to provide support to members.
- Why:** Ensures that all residential center staff are aware of any problems which have occurred during the day and/or which might occur during the evening or night shifts.
- When:** **At the residential center:** every night, Sunday through Saturday, from 5:00-6:00 p.m.
- Responsible:** Clinical Staff
Residential Center Program Director
Assistant Program Director

Section 2.2: Clinical Staff

Program Procedure: RESIDENTIAL CENTER CLINICAL STAFF RESIDE ON PROPERTY

Description: The majority of residential center clinical staff members live in staff housing on the Dynamic Youth residential center property. The staff generally work 40 hours a week and are “on call” 1 to 2 nights a week. As part of being on call, clinical staff members must be willing to rearrange personal time if serious issues arise at the residential center. Thus, their commitment to Dynamic Youth must be such that they are willing to incorporate their family life with the needs of Dynamic Youth. In compensation for on call hours and their lack of familial privacy, the on-site housing at the residential center is provided free of cost for staff members and their families.

Why: Allows clinical staff members to be easily located in case of emergencies.

Creates an added sense of community for members.

Provides an opportunity for members to see healthy familial interaction patterns.

When: Staff may begin living on the residential center property at any point during their employment, provided housing is available.
Staff live on the property year-round.

Quotation: You can't bullshit these kids. They'll see through you fast. You have to be legit. And even living on the property helps a tremendous amount, because I'm not telling you to do anything that you don't see that I do myself. How I live, how I raise my children, things I do. I'm telling you it works because I live it myself.

*John, Residential Center
Program Director*

Quotation: Staff are really good people. And it's like, again, they have to be. Their family, their own family live right on our property. Like, “Hello!” Like, “We're drug addicts.” They don't have to live right on the property with us. They don't have to put trust in us like that, to have their own family living with us. You know? So they gotta be good somehow.

Catalin, Residential

Section 2.2: Clinical Staff

Staff Job Function: COMMUNICATION BETWEEN CENTERS

Description: Staff members from both the Brooklyn and residential center facilities maintain consistent contact with each other on a daily and sometimes hourly basis. The residential center program director and NYC's associate director hold multiple phone conversations each day about treatment progression at both centers, individual members' therapeutic progress, parental participation and contact, and issues of concern to one center or the other. The residential center and Brooklyn center program directors also speak daily about individual member's treatment. If something out of the ordinary occurs at either facility, both facilities are informed within several hours. Members' medical issues, court appearances, familial obligations, and/or occurrences of family illness or death of extended relatives are discussed by clinical staff and program directors at both centers and plans are made for members to receive medical care, visit home, or attend funerals where relevant.

In addition, NYC's executive director makes frequent visits (every week to 2 weeks) to the residential center. He maintains a studio apartment on the residential center grounds. During his visits to the center, the executive director meets with the residential center program director to discuss any outstanding issues and meets with clinical staff. He also helps direct group therapy sessions, gives *seminars*, and generally spends time with the residential center members. Other staff travel between the 2 centers on a semi-regular basis.

Why: Ensures that the executive and associate directors are informed of all activities at both centers at all times.

Builds a sense of continuity and community between the two centers and helps members understand that the two centers work as a team in administering and monitoring treatment.

The executive director's visits to the residential center allow him to monitor treatment progress at the residential center and allow residential center members to become familiar with Brooklyn center staff.

Builds rapport between staff at both centers so that they may effectively communicate with each other about the members' treatment progress.

Allows both centers to react quickly in case of medical or therapeutic emergencies.

When: Monday-Friday, multiple times a day.

Responsible: Residential and Brooklyn Center Program Directors
Executive and Associate Directors
Clinical and Administrative Staff

Section 2.2.1: Clinical Staff: Job Functions

Staff Job Function: PROGRAM STAGE COORDINATOR

Description: Each clinical staff member serves as a program stage coordinator for members in a particular stage of treatment. At the residential center, there are program stage coordinators for *induction members, lower peers, middle peers, and upper peers*. At the Brooklyn center there are program stage coordinators for *day treatment, re-entry, and phase-ambulatory members*.

The program stage coordinator serves as a point person to whom members may go with questions, concerns, requests for visits home, and other personal or treatment oriented issues. Program stage coordinators grant permissions for large therapeutic milestones, such as when members may begin looking for a job during re-entry. Decisions regarding treatment progression and stage transitions are handled by the program stage coordinator on an individual basis and are always discussed with other clinical staff and program directors.

Why: Provides consistent treatment within each program stage.

Ensures that members know which clinical staff member will be able to answer their questions and/or address their concerns. Ensures that all members are monitored and their concerns are addressed on a daily basis.

When: Duties are assigned upon hire and may be changed throughout employment.

Responsible: Clinical Staff
Residential and Brooklyn Center Program Directors

Section 2.2.1: Clinical Staff: Job Functions

Staff Job Function: CLINICAL RECORDS UPDATE

Description: All clinical staff keep detailed notes about conversations, interactions, discussions, and observed behaviors for each member. Upon entry into the program, members are assigned to a clinical staff member who serves as their *primary clinical records keeper* and who is responsible for collecting and recording all staff notes for their clinical files. Information is generally gathered by the primary clinical records keepers during daily staff meetings and through personal observation. Primary clinical records keepers are not expected to be the primary counselor for the members assigned to them. Members are instead encouraged to form therapeutic bonds with the staff members that they naturally gravitate toward and with whom they have a good rapport. Other staff members may add to members' records or pass along pertinent information to the primary clinical records keeper during clinical staff meetings. Thus, individual members' behavior with different staff members and their peers is noted and may be tracked throughout their tenure in the program. Primary clinical records keepers change when members transition from the residential to the Brooklyn center.

In addition to clinical records, there are medical, legal, court, psychiatric, vocational, and life history records located in the members' clinical files. The *comprehensive records manager* at the residential center is responsible for compiling all of the members' records, ensuring that all necessary documents are inserted in correct order and the records are updated regularly. The comprehensive records manager often works in conjunction with clinical staff, vocational staff, and intake staff to ensure the records are complete.

Why: Assigns primary responsibility for members' records to one person, thus assuring that records are updated in a timely and accurate manner.

Allows different members to gravitate toward different staff personality types, thus allowing a therapeutic rapport to be established with staff members that are not necessarily the individual members' assigned primary records keeper.

When: Primary clinical records keepers are required to update members' clinical records at least 1 to 2 times per week.
The comprehensive records manager updates members' medical, legal, court, vocational, and psychiatric records daily as needed.

Responsible: Comprehensive Records Manager
Primary Clinical Records Keeper

Section 2.2.1: Clinical Staff: Job Functions

Staff Job Function: LEADING GROUP THERAPY SESSIONS

Description: Clinical staff meet before every group therapy session to discuss therapeutic issues they plan to address within the group. On *encounter group therapy* days, staff assign members to groups based upon the *slips* they have dropped on other members and/or staff members. On *static and peer group therapy* days, members have been previously assigned to groups and staff discuss the issues they would like to address with individual members, the problems members have been encountering, and treatment issues which pertain to all members attending the group. Once the group therapy session begins, staff generally adhere to planned discussion topics unless individual members bring up unexpected issues that need to be addressed immediately. *Extended groups* are planned by staff several weeks in advance. Members are assigned to extended groups based upon common issues and/or concerns within the program. Other group therapy sessions with differing member compositions take place when staff assess that there is a need within the community.

Why: Planned group topics ensure that NYC program directors and all clinical staff are informed about a group's intended path.

Flexibility within the group plan ensures that important and unexpected personal issues are addressed immediately if necessary.

When: Before and during all group therapy sessions.

Responsible: Residential and Brooklyn Center Program Directors
Clinical Staff

Quotation: Everything that he <John, staff> says, I don't even know how he knows what he's talking about so well. But being in his groups, it's so efficient, like so quick and so like right to the point. Like he knows why...you talk for 5 minutes, he can tell you why you feel the way you feel. What you need to do, and how you can do it...I don't know how he does it.

Daria, Residential

Section 2.2.1: Clinical Staff: Job Functions

Staff Job Function: ONE-TO-ONES (INDIVIDUAL COUNSELING)

Description: Staff administer one-to-one counseling sessions with individual members at least twice a week, and more frequently if therapeutically necessary. Counseling sessions may take place at members' request or at staff discretion and include topics currently relevant to individual members (i.e. problems with family members, concerns about pre-treatment experiences, frustration associated with being in treatment, coping with the desire to use drugs, etc.). Typically, clinical staff counsel members for whom they are a program stage coordinator; however, members may request to speak to other staff members about specific issues, regardless of whether the staff member serves as their program stage coordinator (i.e., a female member may request to discuss issues involving sexual abuse with a specific female staff member, or a member may choose to discuss familial trouble with a staff member who has worked with the member's parents). Clinical staff members are available for one-to-one counseling sessions throughout the treatment day at both the Brooklyn and the residential centers. Clinical staff or program directors discuss proposed one-to-one content at staff meetings before clinical staff address individual members.

Why: Provides members with an opportunity to discuss personal issues and problems in a one-to-one format with the undivided attention of a clinical staff member. Also allows staff to gain additional knowledge of members' treatment progression.

When: Twice a week at both the residential and Brooklyn centers, more often if needed and/or requested by members.
One-to-one counseling sessions typically last ½ hour to an hour.

Responsible: Clinical Staff
Residential and Brooklyn Center Program Directors

Quotation: And I went up to Bryan <staff> and I was like, "We need to talk." And I talked to him for like an hour. I really needed to just sit down and talk 'cause I was going crazy thinking about everything and feeling really alone and stuff.

Faith, Day Treatment

Section 2.2.1: Clinical Staff: Job Functions

Staff Job Function: BEHAVIOR MONITORING

Description: At both the residential center and the Brooklyn center, staff offices are located around the outside of the main meeting and dining room. The majority of staff offices have windows that look out into the center's main room. Staff members arrange their desks so that they may keep an eye on activities taking place while completing paperwork. In this way, members' behavior is consistently monitored and staff may observe interactions between members when there is no authority figure physically present. The monitoring helps staff formulate treatment plans for individual members and helps ensure that center rules and regulations are being followed. Behavior monitoring also ensures that the center remains a safe and comfortable place for all members.

Because they live on the center property, residential center staff may monitor members' behavior outside of the main building even when they are not on duty. If an off-duty staff member notes members exhibiting behavior contrary to program rules and expectations, the staff member will either correct the behavior immediately or discuss the situation with an on-duty staff member.

Why: Ensures that program rules and regulations are being followed and ensures that the center is a safe and comfortable place for all members at all times.

Provides information for clinical staff members which aids in formulating individual treatment plans for individual members.

When: Staff monitor members' behavior during all hours they are on duty, and occasionally when they are off duty.

Responsible: Clinical Staff

Section 2.2.1: Clinical Staff: Job Functions

Staff Job Function: WORK THERAPY CREW COORDINATOR

Description: Each clinical staff member is assigned to serve as a work therapy crew coordinator. Staff work closely with the crew, and especially the *department head*, to ensure all job functions run smoothly. It is the staff member's responsibility to teach the crew by example. When members have questions about chores, the staff member works with the crew to illustrate techniques. The work therapy crew coordinator also leads the department head and *ramrods* in addressing the crew's organizational tasks. In addition, the work crew coordinator obtains supplies for the crew (i.e., food supplies for the *kitchen crew*, and cleaning supplies for the *service crew*). Staff are assigned to serve as work therapy crew coordinators based on personal skills and interests. Often, a new staff member will coordinate several crews before determining which one he or she is most interested in coordinating.

Why: Members learn by staff example that tasks and chores are part of life and should be completed without complaint

Working side by side with staff helps members build a commitment to and respect for the community.

Reinforces the treatment community structure.

Ensures that all work crews run smoothly.

When: Every day during regular work crew hours.

Responsible: Clinical Staff

Quotation: I think what makes us unique is that we actually work with the members. We're involved with their daily routine. We don't give them work to do without following up on it. We don't give them meaningless work. We don't give them work just to waste time or to keep them busy, so to speak. We want them to do something that's productive.

*Steve, Residential Center
Facility Director*

Section 2.2 Key Points Summary

Key Points Summary

- Clinical staff responsibilities include leading group therapy sessions, participating in one-to-one counseling sessions, monitoring members' behavior, attending staff meetings, updating detailed clinical records, coordinating work therapy crews, coordinating program stages, and keeping the lines of communication open between the two treatment centers.
- NYC considers a variety of educational, life, and experiential qualifications when hiring clinical staff. Prospective employees must go through a rigorous interviewing process before being hired.
- All newly hired clinical staff are employed on a probationary basis and participate in intensive on the job training for their first year of employment.
- Residential center clinical staff members work 1 of 3 daily shifts and rotate weekend schedules. Support staff work 9:00 a.m. to 5:00 p.m., Monday through Friday. The residential center director and assistant director are on call each weekend.
- Brooklyn center clinical staff members work Monday through Friday 9:00 a.m. to 6:00 p.m. and Wednesday nights until 11:00 p.m. with one morning off per week to compensate for extra time worked on Wednesdays.
- Clinical staff at both centers meet twice a day to discuss members' treatment progression.

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Section 2.3: Administrative and Support Staff

Administrative Staff

The Brooklyn center staff are broken down into 3 categories: clinical, administrative and support staff. The administrative and support staff secure funding, handle all internal accounting needs, and ensure the program meets contractual obligations. It is essential that the administrative and support staff operate smoothly in order for the clinical staff to provide quality treatment to the members.

Because all NYC accounts and records, except clinical records for residential center members, are kept at the Brooklyn center, administrative staff members devote the majority of their time to administrative details. However, these staff members—including the executive director, the associate director, and the intake director—may also lead group discussions and participate in the center’s daily functions on an as needed basis. If a therapeutic emergency occurs, these administrative staff members place members’ needs temporarily above administrative duties and, where appropriate, may participate in clinical counseling activities. The associate director frequently works with members in the phase-ambulatory stage of the program and the executive director routinely leads *parent-child group* sessions on Wednesday nights. In addition, the executive director occasionally leads an encounter group therapy session for day treatment and re-entry members.

All NYC staff members work as a team to ensure the highest quality of treatment for members. Administrative and support staff eat lunch with clinical staff and members, and routinely associate with members during breaks, special events, and daily activities. All administrative and support staff participate in NYC fundraisers with members and their families and most work during the center’s Wednesday night parents’ night. All staff members attend program completion ceremonies and are encouraged to bring their families as well. In addition, administrative staff periodically arrange for members to accompany them on lobbying trips to the state capital.

Section 2.3: Administrative and Support Staff

Position: EXECUTIVE DIRECTOR

Duties: DYC's executive director is the chief executive officer of the program and his personality drives the program as a whole. He is responsible for policy development, external communications and relations, and the overall functioning of both centers. The executive director also supervises all senior clinical staff and evaluates their performance.

The executive director works closely with the *Dynamic Board of Directors* in the development of DYC administrative policy and serves as liaison between the board and DYC staff. Other administrative duties include supervision of fiscal policy, evaluation of performance quality, and conducting of staff meetings at both centers (for more information about the Dynamic Board of Directors, please see **Appendix F**).

The executive director also serves as the program representative for all external contact (i.e. meetings with the state funding agency, other treatment centers, etc.). Responsibilities outside of the center include serving as liaison with governmental officials and providing updates on issues of substance abuse and treatment, representing DYC in meetings with special interest groups in the community, developing and overseeing DYC's interactions with the community, serving as liaison with the executive directors of other social service agencies, and representing DYC in all media interactions.

Lastly, as time permits, the executive director provides direct services to DYC members including individual counseling, group therapy and seminars. By continuing to provide direct services, the executive director is able to maintain insight into the status of the program which aids in policy development.

Supervisor: Dynamic Board of Directors

Quotation: The biggest asset, to me, that Dynamite has, is Billy Fusco. He gives his heart and his soul to those kids, and his whole life to those kids. And that I think is the biggest asset that that program has. I never met a person that was so dedicated to straightening kids out. He was terrific.

Tula, Program Parent

Quotation: **Arthur:** It goes without saying that a program of this sort, in order to be successful, it has to have a dynamic leader. You cannot have a program with so many variable components, so many different nationalities and economic ranges and ages, all of the different things that--it's like Dynamite's its own little melting pot. You cannot have a program like that succeed without a dynamic leader. You cannot have a procrastinator

Section 2.3: Administrative and Support Staff

at the top of that scheme and expect it to work. It just ain't happening. And this is like Billy's baby, and his love for the children is without question to anybody that's ever met him. He is totally dedicated to the children and to this program.

Mina: And a man like that, basically he gives his whole self. How can you as a parent do any less? He's amazing. I'm very humbled by him, for what he's been able to do for my son when I couldn't help him myself. I'm his forever, I'll be here 'till I'm old.

Dynamic Board of Directors

Section 2.3: Administrative and Support Staff

Position: ASSOCIATE DIRECTOR

Duties: The associate director serves as second in command for DYC and assists the executive director in his responsibilities while also overseeing all fiscal management. She is responsible for the development of funding proposals, fiscal presentations for the Dynamic Board of Directors, budgets, and financial reports of government compliance. The associate director closely monitors the distribution of all funds in the form of accounts payable, payroll, staff benefits, etc. The associate director also develops and proposes investment strategies to the executive director.

In addition to her own administrative and fiscal responsibilities, the associate director is responsible for the training and supervision of many of the administrative and support staff. She trains, oversees, and evaluates all of the accounting and bookkeeping staff and supervises all administrative secretarial support. The associate director is also responsible for organizing all administrative work flow.

The associate director assists the executive director in many of his responsibilities as external community liaison. At the request of the executive director, the associate director may also serve as liaison with government officials and community groups. She also is responsible for representing the program in matters of federal, state, and city funding as well as government audits.

In addition, the associate director provides direct services for members as her schedule permits. She routinely works with members in the phase-ambulatory stage of the program.

Supervisor: Executive Director
Dynamic Board of Directors

Quotation: I'm most impressed with the close association that Billy (the executive director), and Karen (the associate director) in particular, made with the sponsors at government agencies and the legislators. And I don't know where they find the time to do all they do with that, but they're in Albany, you know, all over the place. And that's extremely important, in how it affects how the program runs.

Frank, Dynamic Board of Directors

Section 2.3: Administrative and Support Staff

Position: PROGRAM DIRECTOR (RESIDENTIAL AND BROOKLYN CENTER)

Duties: The program directors at both treatment centers are responsible for the regular supervision of all clinical staff to ensure compliance with agency and governmental guidelines. Program directors assign caseloads and review all case record materials for their site. In addition, they run the daily staff meetings, lead discussions about clinical issues, create clinical staff members' daily schedules, and take the lead in training all new NYC employees in program policies and procedures. Program directors are also responsible for recruiting and hiring clinical and support staff at their respective centers when appropriate.

Both program directors are fully involved in the delivery of direct services and are responsible for clinical job functions as well as supervisory directorial functions. Program directors lead group therapy sessions and family counseling, and frequently lead individual counseling and seminars. Program directors make final decisions on specific treatment incidents and clinical issues regarding individual members. They also coordinate and lead *special groups* between members and their parents and facilitate parents' group sessions.

The program directors are responsible for keeping both the executive and associate directors notified of all occurrences within their respective treatment centers. They also aid the executive and associate directors in policy development and are responsible for identifying gaps in services and staff development. As requested, program directors at both centers may be representatives to the outside community including the media, community groups, other treatment centers, and governmental organizations.

Supervisors: Executive Director
Associate Director

Section 2.3: Administrative and Support Staff

Position: ASSISTANT PROGRAM DIRECTOR
(RESIDENTIAL AND BROOKLYN CENTER)

Duties: The assistant program directors at each center are responsible for helping the program directors maintain a productive clinical atmosphere at their respective centers. They assist the program director in supervision of clinical staff and monitor caseload flow. They also monitor delivery of services to ensure compliance with agency procedures and governmental guidelines.

The assistant program directors also organize, implement, and monitor crisis situation procedures (e.g., split attempts, members' prolonged illnesses, serious personal crises in members lives, etc.) and conduct annual program audits.

Assistant program directors deliver clinical services, lead group therapy sessions, monitor work crew productivity, and provide individual counseling and behavior monitoring to all members at their respective centers. The Brooklyn assistant program director liaisons with members' parents and leads parents' group sessions on Wednesday nights. The residential center assistant program director is on call each weekend.

Supervisors: Brooklyn and Residential Center Program Directors
Executive Director
Associate Director

Section 2.3: Administrative and Support Staff

Position: INTAKE DIRECTOR

Duties: The intake director's main responsibility is to interview and accept or refer prospective DYC members. For all adolescents referred to the program, the intake director gathers appropriate information about each case and arranges interviews and any necessary follow-up interviews with the adolescents and their parents or family members. The intake director interviews families herself and/or refers them to the intake counselor. After the interviews, the intake director reviews relevant records and interview materials and makes the decision to accept prospective clients or, if they do not meet the program's criteria for acceptance (e.g., is not drug dependent, is underage, etc.), refer them to other appropriate treatment programs or social services. For clients that are accepted, the intake director processes the paperwork needed to admit them into residential treatment. For clients that are referred to other treatment programs or services, the intake director is responsible for following up on each case to ensure that their treatment or therapeutic needs are met.

In addition to supervising the intake process, the intake director is also responsible for interaction with the legal system on members' behalf. The intake director coordinates members' court and legal appearances, and attends legal appointments with adolescents when necessary. As time permits, the intake director may also participate in direct clinical services such as group therapy sessions with members. The intake director also assists in policy development by working with the executive and associate directors in identifying gaps in the intake process and developing strategies to meet those gaps. She actively participates in all agency activities and fundraisers and, when requested, aids in external community relations.

Supervisors: Executive Director
Associate Director

Section 2.3: Administrative and Support Staff

Position: INTAKE COUNSELOR

Duties: The intake counselor assists the intake director in all of her job functions, including scheduling and conducting intake interviews. He has the authority to accept or reject potential clients, but must consult the intake director when making decisions on special cases. The intake counselor liaisons with prospective program parents and answers their questions about DYC and adolescent drug treatment. The intake counselor also completes admittance paperwork and aids in interactions with the criminal justice system on the members' behalf. The intake counselor is present to discuss the program with members' parents during Wednesday parents' nights.

Supervisors: Intake Director
Associate Director

Section 2.3: Administrative and Support Staff

Position: VOCATIONAL COUNSELOR

Duties: The vocational counselor works at the Brooklyn center and serves as a clinical staff member who specializes in vocational counseling with day treatment, re-entry, and phase-ambulatory program members. She directs members through a comprehensive program of vocational rehabilitation which will lead to employment during the re-entry and phase-ambulatory program stages and after treatment at DYC, thereby assisting members' re-entry into the community. The vocational counselor secures information on employment and training and maintains a liaison with public and private agencies and companies which promote the placement of rehabilitated members. She is expected to be actively engaged with prospective employers, state employment offices, rehabilitation agencies, schools, training programs, other placement resources, and legal aid societies.

The vocational counselor assists members in assessing future educational and career goals, writing resumes, learning interview techniques, and fostering beneficial job related skills. She assesses the members' skills, educational level, aptitudes, abilities, traits, interests, potential, and desires and helps the adolescent develop a treatment plan to achieve their short term and long term goals. The vocational counselor also periodically designs and conducts practical occupational and educational workshops to expose members to a wider range of potential career and educational opportunities.

Supervisors: Associate Director
Brooklyn Center Program Director

Section 2.3: Administrative and Support Staff

Position: RESIDENTIAL FACILITY DIRECTOR

Duties: The residential center facility director is responsible for major construction, renovation, and maintenance projects at the residential center. He targets the need for projects, assesses their urgency and assigns priorities, liaisons with necessary contractors, and supervises internal control procedures, purchasing, and disbursement of funds for the residential facility. The residential center facility director also supervises the program's maintenance staff and the members' maintenance work crew. He works directly with members on the crew and is responsible for teaching members safe construction practices and ensuring that all safety rules and regulations are followed.

The facility director is also responsible for purchasing all necessary construction and maintenance supplies, materials, and equipment for the residential center. He participates actively in staff meetings, administrative meetings, training programs, and professional development.

Supervisors: Executive Director
Associate Director

Section 2.3: Administrative and Support Staff

Position:	DYNAMIC BOARD OF DIRECTORS
Description:	The Dynamic Board of Directors is an elected group of 5 to 7 people with administrative and governing responsibilities at NYC. They oversee the program's contracts and budgets, have the ability to hire or fire the executive director, and serve as a judiciary committee for complaints or hearings. In addition, the Dynamic Board of Directors enters into contracts with government agencies on behalf of the treatment program. Board members serve for a 2-year term and must be re-appointed in order to remain on the board. If a seat is vacated, the replacement board member must be elected by the existing board members through a unanimous vote. Although the board is required to meet quarterly, meetings generally occur on alternating months. Members of the same family are not allowed to serve on the board concurrently. Board offices include chairperson, vice chairperson, treasurer, and secretary of the board. Board meetings are attended by the program's executive director and associate director. (For a copy of the Dynamic Board of Directors bylaws, please see Appendix F.)
Why:	Maintains a system of checks and balances to ensure proper program functioning.
When:	The Dynamic Board of Directors is required to meet quarterly, but generally meets bimonthly. Meetings last approximately 2 hours and take place on Wednesday evenings at the Brooklyn center.
Responsible:	Dynamic Board of Directors

Section 2.3: Administrative and Support Staff

Residential Center Support Staff Functions

Position	Hours	Job Description
Chef FT	Tuesday-Saturday 9:00 a.m.-5:00 p.m.	Plans all of the residential center's meals. Works with the kitchen crew. Oversees meal preparation.
Nurse FT	Monday-Friday 8:00 a.m.-4:00 p.m.	Handles minor medical emergencies, arranges doctor appointments and plans health related seminars. Ensures that health requirements are met at the residential treatment center.
Bookkeeper FT	Monday-Friday 9:00 a.m.-5:00 p.m.	Distributes payroll to staff. Responsible for all accounts payable. Prepares billing for 3 rd party funding—including the application process for individual clients.
Clerk PT	Tuesday-Friday 10:00 a.m.-4:00 p.m.	Answers incoming phone calls, welcomes and records all visitors in the reception log.
Comprehensive Records Manager FT	Monday-Friday 9:00 a.m.-6:00 p.m.	Coordinates members' medical and criminal records and appointments and completes clinical records paperwork not handled by clinical staff.
Maintenance Assistant FT	Monday-Friday 9:00 a.m.-5:00 p.m. As needed	Works on maintenance projects with the members, oversees safety, and performs dangerous jobs and chores.
Receptionist FT	Monday-Friday 9:00 a.m.-5:00 p.m.	Answers incoming phone calls, welcomes and screens visitors, maintains reception areas.
Night Staff (2) PT	Monday-Sunday 12:00 a.m.-8:00 a.m.	Oversee DYC property at night. Trained in CPR in case of emergencies.
School Coordinator FT	Monday-Friday 9:00 a.m.-2:00 p.m.	Administers scholastic placement tests, organizes classes.
Teacher (2) FT	Monday-Friday 9:00 a.m.-3:00 p.m.	Hired and paid by the Board of Education. Teach high school subjects and GED classes to members.
Driver FT	Monday-Friday 9:00 a.m.-5:00 p.m. and as needed	Transports members between centers.

Section 2.3: Administrative and Support Staff

Brooklyn Center Administrative and Support Staff Functions

Position	Hours	Job Description
Receptionist FT	Monday-Friday 9:00 a.m.-5:00 p.m.	Greets visitors to the center, maintains the center's databases, answers phones and tracks whereabouts of members and staff.
Administrative Assistant FT	Monday-Friday 9:00 a.m.-6:00 p.m. and alternate Wednesdays 9:00 a.m.-10:00 p.m.	Assists associate director with fiscal, budget, and regulatory paperwork. Types office correspondence and reports, keeps appointment calendars, maintains an orderly inventory of program supplies and equipment.
Clinical Records Keeper FT	Monday-Friday 9:00 a.m.-6:00 p.m.	Monitors clinical records to ensure that case notes are up to date and that all appropriate paperwork is completed.
Secretary (2) PT	Variable hours as needed	Perform additional secretarial tasks such as addressing and mailing fundraiser correspondence.
Bookkeeper FT	Monday-Friday 9:00 a.m.-5:00 p.m.	Assists associate director with financial record keeping and fiscal paperwork.
Family Coordinator PT	Wednesdays 5:00 p.m.- 11:00 p.m. Other days as needed.	Liaisons with members' families, answers questions, and ensures frequent communication between families and staff.
Phase-Ambulatory Coordinator PT	Wednesdays 9:00 a.m.-11:00 p.m. Fridays 9:00 a.m.-11:00 p.m. Other days as needed.	Serves as a point person for phase-ambulatory members to contact in case of emergencies, provides one-to-one counseling for members, participates in group therapy sessions, checks in with members.
Russian Group Leader PT	Wednesdays 5:00 p.m.-11:00 p.m.	Leads Russian-speaking parents' group sessions for Russian parents who are unable to participate in regular group sessions due to language translation problems.
Russian Translator PT	Wednesdays 5:00 p.m.-11:00 p.m. Other days as needed.	Translates conversations, program requirements, and staff information for Russian-speaking parents. Attends parents' group sessions with Russian-speaking parents and helps with translation where needed.

Section 2.3: Administrative and Support Staff

Staff Job Function: FRIDAY STAFF MEETINGS

- Description:** A staff meeting, presided over by either the program directors and/or the executive director, occurs on Friday afternoons at both treatment centers. This is a business meeting and includes all program staff—administrative, clinical, and support staff. Department and work crew business is discussed at this meeting, and all staff give weekly reports on their section or unit. In addition, staff discuss upcoming special events and plans, and receive updates from other program staff. In this way, all center staff are informed of current program activities.
- Why:** Brings together all staff members and gives an opportunity to voice concerns or suggestions. Ensures that all staff members are aware of current activities at the center.
- Allows all staff members to share useful information about their particular job and to be informed about the activities occurring in other parts of the program and the facility property.
- When:** Every Friday afternoon.
Meetings last approximately 1 hour.
- Responsible:** Residential and Brooklyn Center Program Directors or Executive Director
All Clinical, Support, and Administrative Staff

Section 2.3: Administrative and Support Staff

Program Procedure: STAFF BENEFITS

Description: As a not-for-profit organization, the majority of funding NYC receives from the New York State Office of Alcoholism and Substance Abuse Services (NYC's major source of funding) goes into the NYC operating budget. Thus, staff salaries are modest for New York City standards, but NYC offers a substantial benefits package to all its salaried staff members. The package pays 100% of health insurance costs and includes dental and life insurance. Also included are a pension plan, long- and short-term disability insurance, and a workers compensation package. NYC also offers tuition assistance, an employee-contributed annuity plan and ample leave time. Accrued time includes sick, vacation, and personal leave with added unhospitalized, hospitalized and bereavement leave for special circumstances. In addition, staff members may request occasional flex time to work around minor personal emergencies. Residential center staff who choose to live on the NYC property are provided with free housing and utilities. If positions are open, NYC staff are offered advancement opportunities within the program. (For more information on staff benefits and other NYC personnel procedures, please see the NYC Personnel Policy and Procedure Manual in **Appendix G**.)

Why: Provides an employment incentive within a climate of modest salaries.

Increases staff satisfaction.

When: Benefits are offered at beginning of salaried employment and continue throughout employment.

Responsible: Administrative Staff

Section 2.3: Administrative and Support Staff

Quality Assurance

Measure: EMPLOYEE PERFORMANCE EVALUATION

Description: Each employee's immediate supervisor fills out a performance evaluation for the employee directly after the initial probationary period, and every year thereafter. Supervisors complete evaluations by comparing the employees' job descriptions to their job performance. Evaluations are written in the form of constructive criticism and suggestions. Evaluations are read by employees and then placed in their respective personnel files. If they choose, employees may attach a signed rebuttal form to a performance evaluation. Evaluation forms and rebuttals are maintained in staff members' permanent NYC employment file. Performance evaluations are completed once a year following the initial evaluation. (For more information, please see **Appendix G.**)

Why: Ensures that all employees are evaluated on a regular basis.

Provides an opportunity for employers to voice constructive criticism and suggestions.

When: At the end of the employee's initial probationary period and every year thereafter.

Responsible: Employee's Supervisor
Program Executive Director
Program Associate Director

Section 2.3: Administrative and Support Staff

Program

Procedure: GRIEVANCE PROCEDURE

Description:

Employees may file grievances with either DYC or other individual staff members by submitting a written appeal describing the grievance to their immediate supervisor. This appeal must be submitted within 10 days of the objectionable action. The immediate supervisor will, in turn, respond to the grievance in writing within 10 days. If employees are unsatisfied with the response, they may re-submit the grievance to the executive director. The executive director also responds in writing with a resolution to the problem within 10 days. Should no satisfactory resolution be reached, the employee and the executive director meet to discuss the issue in person. Should a resolution still not be reached, the matter is heard before the Dynamic Board of Directors.

Why:

Provides a forum for employees to voice workplace complaints.

Ensures that the appropriate supervisor reads, addresses, and responds to the complaints.

When:

The process must begin within 10 days of an objectionable action.
The grievance is generally resolved within 20 days.

Responsible:

Individual Staff Members
Immediate Supervisors
Executive Director

Section 2.3 Key Points Summary

Key Points Summary

- All types of staff—clinical, administrative, and support staff—are essential for the operation of NYC.
- The executive director, associate director, program directors, program assistant directors, and intake director all provide direct clinical services to members when appropriate and time permits.
- The executive director is responsible for policy development, liaisons with community and government officials, and overall supervision of treatment at both centers.
- The associate director oversees all of the program’s fiscal responsibilities and assists the executive director in his responsibilities.
- The intake director and intake counselor interview and accept or refer all prospective NYC members and their parents.
- NYC’s 2 program directors supervise clinical staff in their respective treatment centers and oversee general house functioning. Both are aided in their duties by their assistant program director. In addition, these individuals provide direct clinical services on a daily basis.
- The Dynamic Board of Directors is an elected body that oversees NYC’s contracts and budgets. The board can hire or fire the executive director and serves as a judiciary committee for complaints and hearings.
- The NYC residential center employs a full-time nurse, 2 Board of Education teachers, a chef, a full-time maintenance worker, 2 part-time night staff, a comprehensive records manager, a bookkeeper, a receptionist, and a part-time clerk.
- The Brooklyn center employs 4 full-time and 2 part-time support staff, 1 Board of Education teacher, a family coordinator, a phase-ambulatory coordinator, a Russian group leader, and a Russian translator.
- All staff (clinical, support, and administrative) in both centers meet each Friday to discuss issues associated with their respective treatment centers.
- All salaried staff are provided with a comprehensive benefits package including health, life and dental insurance, short- and long-term disability, pension, employee-contributed annuity plan, and accrued vacation, personal, and sick leave. For residential center clinical staff, rent- and utility-free accommodations are made available.
- NYC follows set protocol for employee evaluations and grievances.

Section 3:

Intake

Section 3.1: Intake Interviews

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Section 3.1: Intake Interviews

Initial Contact

Prospective members and their parents initially learn about DYC through referrals from courts, probation officers, other criminal justice systems, detoxification facilities, school guidance offices, and other adolescent drug treatment programs. Word of mouth through family and friends is also a frequent referral source. Some parents or adolescents contact DYC after speaking with parents of members, graduates, or, in rare instances, splitees from the program. When parents, or occasionally prospective members, contact the program, they speak with either the intake director or intake counselor to make an appointment for an intake interview. Appointments are generally scheduled on weekdays from 9:00 a.m. to 5:00 p.m. and occasionally on Wednesdays during *parents' night*.

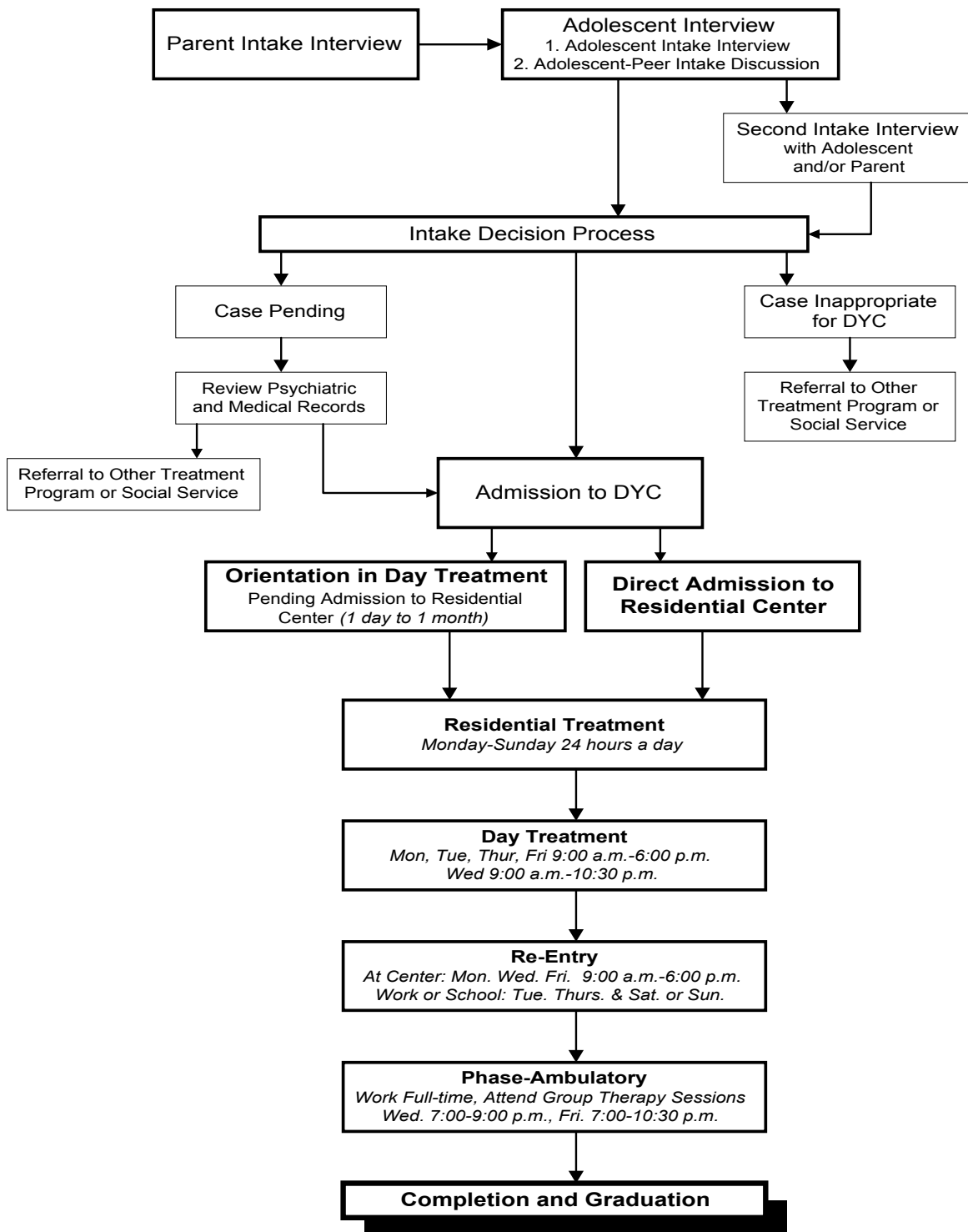
Intake Interviews

Upon arrival at the Brooklyn Center, parents and prospective members are seated in the front reception area. Here they have a good view of the facility and are able to watch current members in their daily interactions and chores. During this waiting time, parents and prospective members observe the Brooklyn center's daily structure. This waiting period, which can last for up to a half-hour, is characteristic of therapeutic communities and provides parents and prospective members the opportunity to learn about the program through direct observation.

As first parents and then adolescents attend their separate interviews, they are each given added opportunity to observe the DYC atmosphere. It is hoped that, combined with the intake interview, the 2 observation periods and a short discussion of the program between adolescents and a current member will give parents and adolescents a good overview of the program climate and expectations. As a voluntary program, DYC only accepts adolescents who freely agree to be in treatment. Thus, the intake process is as much a decision-making process for adolescents as it is for the intake staff.

Section 3.1: Intake Interviews

Intake Interview Process and Outcomes Brooklyn Center



Section 3.1: Intake Interviews

Type of Service: PARENT INTAKE INTERVIEW

Description: Parents and prospective members are interviewed separately. To initiate the interview, parents meet with the intake staff while adolescents wait in the Brooklyn center lobby. The intake interviewer makes every effort to create a comfortable and non-threatening environment for nervous parents and, if appropriate, will frequently conduct interviews in an informal fashion. The intake interviewer collects the following background information from the parents:

Parents' first and last names, addresses, home/work/cell phone numbers

Adolescents' primary caregiver

Adolescents' sibling's names, ages, and drug use status

Adolescents' first and last name, age, social security number, date of birth, and employment/school status

Adolescents' medical, psychiatric, and legal history

Prior drug treatment episodes, results, and discharge reasons

During the course of the interview the intake interviewer describes in detail the nature of treatment at DYC, highlighting the residential nature of the program, the 4 stages of DYC therapeutic community treatment, the fact that members are not allowed to call home during their first month of treatment, and the program's 3-year duration. The intake interviewer also describes the parental participation requirement and stresses to the parents that this requirement is not flexible. Parents are given the opportunity to ask questions about the program, and are invited to attend the weekly *Dynamic Youth parents' night* regardless of whether their child attends DYC.

Why: Provides parents with the opportunity to volunteer additional information about their children and/or the current family situation. Parents and adolescents frequently have different perspectives of the adolescents' problems. In order to better understand the full picture of the adolescent's need for treatment, the intake staff must assess the issues parents consider salient.

Assesses parents' reasons for locating residential drug treatment for their adolescent. Obtains a more accurate view of the family and the environment the adolescent comes from and assesses the risk factors in the adolescent's environment.

Ensures that parents realize they must participate in parents' night every Wednesday in order for their child to be accepted into and remain in the treatment program.

Ensures that parents understand the nature of TC treatment at DYC.

Section 3.1: Intake Interviews

Ensures that parents understand that DYC is a 3-year drug treatment program.

Helps to determine whether DYC is an appropriate form of treatment for the adolescent.

When: The parent intake interview typically lasts between 30 minutes and 1 hour.

Responsible: Intake Counselor
Intake Director

Section 3.1: Intake Interviews

Pre Intake Form

MUST BRING ORIGINAL BIRTH CERTIFICATE, S.S. CARD (Green card if alien)

Date _____ ID# _____
Name _____ Age _____
Address _____
Telephone () _____ () _____ () _____
D.O.B. ____/____/____ S.S.# _____ - _____ - _____ Age first used _____
Drugs used _____ Primary drug now using _____
Mother's name _____ S/A _____ In contact _____
Father's name _____ S/A _____ In contact _____
How many siblings (# brothers, sisters, older, younger) _____
Any siblings use drugs _____
Employed _____ In school _____ Last grade completed _____

MEDICAL HISTORY

Outstanding/chronic medical problems _____
Hospitalization? _____ Medication? _____
Physician _____

PSYCHIATRIC HISTORY

Psychiatric evaluation/hospitalization? _____
Medication? _____

PRIOR TREATMENT

Program name _____ Date _____
Time since last treatment _____

LEGAL HISTORY

Arrests _____ Convictions _____
Jail time _____ Warrants _____
Court appearances _____ Attorney info. _____
PO info. _____ Case manager _____

OFFICE USE ONLY

Referral source _____
Signature of interviewer _____
Member in interview _____

()ACCEPTED ()NOT ACCEPTED ()REFERRED ()PENDING ()INAPPROPRIATE

Comments: _____

Section 3.1: Intake Interviews

Type of Service: ADOLESCENT INTAKE INTERVIEW

Description: By the time adolescents enter the intake interview, they have spent approximately 30 minutes to 1 hour sitting in the Brooklyn center lobby and observing members' interactions, conversations, and daily routine. It is hoped that the prospective members will enter the intake interview with at least a modicum of curiosity about DYC and the members there.

The main objective of the adolescent interview is for the intake interviewer to determine the adolescents' level of drug use and the risk factors inherent in their environment. In order to facilitate an environment where the adolescents feel comfortable, chairs in the interviewer's office are placed with no barriers (such as desks, computers, etc.) between the adolescent being interviewed and the intake interviewer. This allows for a conversational communication style. The intake interviewer begins interviews by asking adolescents if they know why they are attending an interview at DYC. The interviewer then gives adolescents minimal information about the program and notes the adolescents' facial, verbal, and body language reactions. These reactions give the intake interviewer clues about the adolescents' state of mind, whether they are currently high, and their willingness to begin drug treatment. Pending reactions to previous queries, the interviewer then asks questions to assess adolescents' perceptions of their potential drug abuse problem. Confidentiality is always emphasized and the interviewer reiterates frequently throughout the interview that parents are not privy to information divulged in intake interviews. Adolescents may relate drug use histories more extensive than those described by their parents. An example follows:

A parent reports that her/his child has been smoking marijuana 3 to 4 times a week for the last year. The adolescent reports smoking \$50-\$60 worth of marijuana per day and trying cocaine several times. Based on the adolescent's reactions during the interview, the intake counselor may suspect the adolescent is using cocaine on a weekly or daily basis.

The intake interviewer must collect enough information from both adolescents and parents to determine if the adolescents are well suited for placement at DYC. Although not divulged in every intake interview, where appropriate and if relevant, the intake interviewer may relate her/his own experience with drug abuse and drug treatment. This personal information is used to build rapport with the adolescents and gain their attention and trust. The approach used by the intake interviewer varies according to individual adolescents' personalities and behavior during the interview.

Section 3.1: Intake Interviews

Following discussions about drug use history, the intake interviewer describes DYC treatment in detail and gives the adolescents time to ask questions. At this time, the intake interviewer stresses the program length, residential nature, and program requirements (e.g., no communicating with old friends, no violence, a commitment to staying clean).

Why: Allows the intake interviewer to determine whether DYC is an appropriate form of treatment for adolescents.

Gives adolescents the opportunity to describe their drug use in their own words. Adolescents and parents often provide different information regarding drug use history.

Allows adolescents to speak freely with the intake interviewer, without parental intervention.

Gives adolescents an opportunity to ask the intake interviewer personally relevant questions.

Ensures that adolescents understand, at least on a cursory level, the nature and duration of treatment at DYC and are entering the program voluntarily.

When: Directly after the parent interview.
Interview typically lasts 30-45 minutes.

Responsible: Intake Counselor
Intake Director

Quotation: **Interviewer:** What did you think about your intake interview?
Anji: Oh, she was asking me mad questions. She was like, “So, what drugs are you doing out there?” And she wrote it all down on a piece of paper, and how much we smoke, how much ecstasy, acid I was using. And she wrote it all down. She turned the paper over. She was like, “That’s how much money you’ve been spending like every week or every month.” I was like, I was like, “Please, please.” She was like, “No, hold on to it. Keep that right there so you see how much money you wasted out there on some drugs.” And then she just asked me about the drugs. She asked me if I had a drug problem. I was like, “No.” I was like, “No, I don’t.” She was like, “Really, you don’t think so?” And then she start<ed> talking to me....I can’t remember what she said. But after she was like, “So, do you think you have a drug problem?” I was like, “A little bit.” She started laughing. She was like, “Hey, that’s better than saying no.”

Anji, Induction Member

Section 3.1: Intake Interviews

Type of Service: ADOLESCENT-PEER INTAKE DISCUSSION

Description: Prospective members are given a chance to ask questions and talk about the program with a previously selected and trusted member currently in day treatment or re-entry. These discussions may take place with the intake counselor in the room (but sitting in a corner out of the prospective members' line of vision) or in private. Confidentiality is ensured, and any information imparted by prospective members during adolescent-peer intake discussions remains private. Where appropriate, current program members may divulge their drug use history and describe the program through their eyes. Current members also talk about the program requirements, expectations placed upon members in the program, and the daily structure at both program centers.

Why: Provides prospective members with an opportunity to see the program through the eyes of a current member. Prospective members may feel more comfortable entering DYC if they have interacted with a current member, and may be more likely to believe the information presented by a current member than the information presented by the intake counselor.

Obtains prospective members' attention and gains their trust or confidence.

Gives prospective members a chance to see that other adolescents like themselves have entered DYC, completed a year of residential treatment, and are succeeding in a drug-free lifestyle.

Because entry into treatment at DYC is voluntary, even for court mandated members, the adolescent-peer discussion is meant to help adolescents determine if DYC is right for them.

When: Directly after the adolescent interview.
Adolescent-peer discussion typically lasts for 10-15 minutes.

Responsible: Trusted Day Treatment and Re-Entry Members
Intake Counselor
Intake Director

Section 3.1: Intake Interviews

Type of Service: PARENT-ADOLESCENT JOINT INTAKE INTERVIEW

Description: After they have completed separate interviews and the adolescent-peer discussion, the parents, prospective members, and intake counselor meet to discuss any missing information or problematic discrepancies in the adolescent's background information. At this point in time, the adolescents' psychiatric, medical, and legal histories are also discussed. If prospective members are currently involved in the criminal justice system, the intake counselor discusses the implications of being mandated into treatment. Prospective members and their parents are then asked if, after learning about DYC, they are still interested in attending the program. If medical or psychiatric records are needed, the intake counselor outlines the steps she/he plans to take in the coming hours or days and tells the parents and adolescents when she/he plans to contact them next. The intake counselor then reminds the parents and adolescents that they will be referred to other treatment types if it is determined that DYC is not right for the adolescent.

Why: Concludes the intake interview process with both parents and adolescents present.

Assesses both parties' willingness to participate in treatment at DYC.

Reiterates the parent participation, residential, and structural components of DYC treatment and provides space for any last minute questions.

Lets adolescents and parents know what steps will be taken regarding their case, and lets both parties know when they can expect to be contacted again by DYC.

When: Directly after the adolescent-peer discussion.
The parent-adolescent joint interview lasts approximately 10 minutes.

Responsible: Intake Counselor
Intake Director

Section 3.1 Key Points Summary

Key Points Summary

- Adolescents and their parents are often referred to NYC by the court system, detoxification facilities, school guidance offices, other adolescent drug treatment programs, people who have participated in the program, and other word of mouth contacts.
- Intake interviews are conducted with adolescents and parents separately so that both parents and youth have the opportunity to discuss their assessment of the adolescent's drug use, and so that both parties have the opportunity to discuss their own points of view.
- Intake interviewers collect information from the adolescents and parent(s) on the adolescents' drug use, medical, psychiatric, treatment, and legal histories along with adolescents' and parents' personal information during intake interviews.
- While parents are being interviewed, adolescents are positioned so that they might observe the activities of members in the Brooklyn center. It is hoped that this observational period will spark curiosity about the program.
- During the intake interviews, the intake interviewer outlines NYC's rules and regulations, including the need for a parent or other relative sponsor to attend Wednesday night *parents' nights*.
- Adolescents are given the opportunity to discuss the program in a one-to-one conversation with a current program member to help them determine if NYC is right for them.
- After being interviewed separately, adolescents and their parents are interviewed together to discuss any discrepancies between the 2 previous interviews and ask if anyone has any additional questions about the program. The intake interviewer also outlines any next steps that need to be taken for admission or referral.

Section 3.2: Intake Assessment and Decision

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Section 3.2: Intake Assessment and Decision

Program

Procedure: CASE ASSESSMENT AND INTAKE DECISION PROCESS

Description:

Following the joint discussion with prospective members and their parents, the intake counselor reviews the separate interviews, notes any additional information on a pre-intake form, and begins the admittance decision making process. If it is not immediately apparent that the adolescents fit the criteria for treatment at DYC, the intake counselor may schedule second intake interviews with the adolescents, their parents, or both. Reasons for a second interview might include, but are not limited to: insufficient data to determine the extent of an adolescent's drug problem, drug use history not severe enough to warrant entry into a 3-year treatment program, inconsistencies between parents' and adolescents' versions of drug use history and family issues, lack of information about adolescents' prior treatment history, medical problems or psychiatric history. Second intake interviews do not follow a predetermined protocol; rather they are dependent upon the nature and extent of information still to be collected from parents and/or adolescents.

After psychiatric and medical histories and all relevant information have been obtained, the intake counselor makes decisions about the adolescents' suitability for DYC using the criteria addressed below and on the following pages. Should adolescents not be suitable for DYC, they will be referred to another treatment program or social service agency.

Psychological Considerations

A history of psychiatric problems and/or diagnoses does not prohibit adolescents from becoming members at DYC. Rather, adolescents currently taking psychotropic medication or diagnosed with attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), or conduct disorder are evaluated on a case-by-case basis. Adolescents with severe psychiatric disorders or a history of extensive sexually inappropriate or violent behavior will not be accepted into DYC. Intake counselors attempt to assess whether adolescents will be able to function within a structured community and whether they have the cognitive ability to understand their role in a therapeutic community and to understand how their actions impact other members.

Medical Considerations

DYC does not deny treatment to those with physical ailments, provided that they are able to actively participate in their own treatment. Adolescents are not required to disclose HIV/AIDS or Hepatitis C virus (HCV) status at any point in treatment. However, those who decide to disclose that they have tested positive for HIV/AIDS and/or HCV will be given counseling about their illness and will be provided with medical care upon entry and throughout the duration of the program.

Section 3.2: Intake Assessment and Decision

Legal Considerations

As part of the intake decision process, NYC determines the extent of adolescents' criminal justice system involvement. While technically all adolescents who have not been convicted of felony arson or violent sex crimes are eligible to enter treatment at NYC, permission must be granted from the court system and/or the adolescents' probation officers before they can be accepted. While adolescents may be court mandated into treatment, NYC is still strictly a voluntary program and adolescents must be willing to receive treatment.

Why: Ensures that adolescents do not have pre-existing conditions that would make placement in a residential facility inappropriate.

Helps the intake director make an appropriate referral if NYC is not an appropriate treatment type for an adolescent.

When: Immediately after intake interview.

Responsible: Intake Counselor
Intake Director

Section 3.2: Intake Assessment and Decision

Program

Procedure: REQUIREMENTS FOR TREATMENT AT NYC

Description: Adolescents must meet the following requirements in order to receive treatment at NYC:

1. They must be between 13 and 21 years old⁴.
2. They must not have severe cognitive or psychiatric problems which would interfere with daily functioning.
3. They must not be homicidal or have been convicted of sexual crimes, or pre-meditated arson.
4. Their parents/guardians must commit to participation in weekly parents' nights.
5. They must fit the DSM-IV characteristics of drug abuse or drug dependence.

Why:

Children younger than 13 years old may not possess the cognitive ability to fit into the adolescent structured therapeutic community, and young adults over 21 years old may be better served in an adult treatment program.

Adolescents who possess severe cognitive or psychiatric problems might not be able to conform to the structured environment of the residential and Brooklyn centers, and may be unable to understand the nature and methods behind treatment rules and regulations.

In order to maintain the integrity and safety of the residential center community, adolescents must be able to control their own behavior within the structured therapeutic environment. Therefore, adolescents who might endanger the lives or safety of other members (i.e., through unwanted sexual contact or pre-meditated arson) are inappropriate for NYC.

Most adolescents and young adults must return to their home community and their family environment once they have completed residential treatment. Without adequate parental or other relative support, treatment gains accomplished at the residential center may be lost when adolescents return to an unchanged environment. For this reason, parents or other adult relative sponsors must agree to regularly attend parents' night in an effort to understand the changes adolescents go through during treatment and to create a supportive network in their home environment.

Because NYC is a 3-year intensive treatment program, all adolescents accepted for treatment must have moderate to severe drug abuse or dependency problems. Adolescents who present with less severe

⁴ Those slightly older or younger than the guidelines may be accepted on a case-by-case basis.

Section 3.2: Intake Assessment and Decision

problems are referred to other treatment facilities where their needs can more appropriately be met.

When: Criteria are reviewed immediately following completion of intake interviews and receipt of medical, psychiatric, and legal records.

Responsible: Intake Counselor
Intake Director

Section 3.2: Intake Assessment and Decision

Program

Procedure: REFERRAL PROCESS

Description: Should adolescents not meet the criteria outlined in Requirements for Treatment at NYC, they are referred to another treatment program or social service. The referral process consists of 6 separate steps:

1. The adolescent's case is referred to the intake director.
2. The intake counselor and the director discuss treatment and social service options with the adolescent and the parent.
3. The intake director calls the appropriate agency to make a formal referral and set up an appointment for the adolescent and/or his/her parent.
4. On the day of the appointment, the intake staff calls the agency to verify that the adolescent and/or the parent attended the appointment and to assess the results of the appointment.
5. If neither the adolescent nor the parent attended the appointment, the intake director calls the adolescent and parent to discuss the missed appointment.
6. When necessary, NYC provides short-term aid to the adolescent transitioning to a new agency. This aid can include brief admission into NYC day treatment, counseling, or a referral to a crisis care unit or detox.

Why: Ensures that the needs of families who present for services are adequately met, even if NYC is inappropriate for those needs. It is NYC's belief that those who ask for services should not be turned away from services.

When: Upon decision that NYC is an inappropriate treatment center for the adolescent.

Responsible: Intake Director

Section 3.2 Key Points Summary

Key Points Summary

- If they are appropriate for treatment at NYC, most adolescents are accepted into the program after the first interview. However, if it is not certain that an adolescent meets the criteria for treatment, a second interview may be necessary.
- Adolescents with ADD, ADHD, or conduct disorder are accepted on a case-by-case basis. Adolescents with severe cognitive or psychiatric problems are referred to other programs. Adolescents who have only moderate substance abuse problems are referred to other programs.
- All adolescents with physical ailments are eligible for treatment at NYC, provided that they are able to actively participate in their own treatment. Adolescents are not required to disclose their HIV/AIDS, HCV, or HPV status at any point in treatment.
- Adolescents must enter treatment willingly. Although they may be court mandated to a treatment program, adolescents must personally agree to attend NYC. If adolescents do not agree to attend NYC, they are referred to another program.
- In order for adolescents to be admitted into treatment, their parent(s)/guardians must commit to attending weekly parents' nights and participating in all other treatment oriented activities. Parent/guardian participation is essential for adolescent admittance into NYC.
- It is NYC's belief that those who ask for services should not be turned away from services. If an adolescent's case is deemed inappropriate for NYC, he or she is given a referral to another program or social service agency. All referrals are followed up to make sure the adolescent receives appropriate care.
- Adolescents and their parents/guardians must complete intake medical and legal forms before the adolescent can be officially accepted into NYC.

Section 3.3: Admission

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Section 3.3: Admission

Type of Service: **ADMISSION TO NYC**

Description: If adolescents are appropriate for admission to NYC, they and their parents are asked to report to the Brooklyn center the next day. The vast majority of adolescents admitted to NYC immediately attend residential treatment. If there are no beds currently available at the residential center, adolescents attend the Brooklyn day treatment center until a bed becomes available.

The adolescents' parents are asked to bring the following documents and information to the center: the adolescent's social security card and birth certificate, immunization card, current TB test results, green card (if applicable), SSI/Survivor Benefits explanation, psychiatric records (if required), and consent to release confidential information. Documents which must be completed by the parent and the intake counselor before the adolescent begins treatment at NYC include the following:

Parental Agreement to Pay Weekly Program Dues. Parent dues are \$30 for adolescents in residential treatment and \$15 once adolescents begin treatment in Brooklyn. Parents who cannot afford the dues may pay on a sliding scale. Dues are the only form of direct payment taken from parents.

Financial Intake Form. Information disclosed includes the client's and family's source(s) of income in the form of: salary, unemployment, worker's comp, SSI/survivor benefits, child support, disability, and public assistance. Unusual expenses or debts which might cause additional financial hardship for the family are also noted. Financial status must be accompanied by income verification such as the last 4 weeks of pay stubs, income tax return, or statement of benefits.

Authorization to Consent to Hospital and Doctor Treatment of Minor Temporarily Separated from Parents

Authorization for Adolescent's Participation in Extracurricular Activities

Parental Consent for Adolescent to Participate in NYC
(Copies of these forms are available in **Appendix D**)

Once parents have filled out the necessary paperwork, they say goodbye to their child and leave the Brooklyn center. The adolescents and the intake counselor then complete the intake file. The following documents must be completed by adolescents and the intake counselor before the adolescents can begin treatment at NYC:

Section 3.3: Admission

New York State Office of Alcoholism and Substance Abuse Services Client Admission Report (including space for personal history: substance abuse, drugs of choice, prior treatment episodes, medical and mental health issues; legal history: current open cases, prior involvement with criminal justice system; family history: family structure, family dynamics, outstanding familial issues; educational/vocational history: current educational activities, grades completed, schools attended, current and prior employment)

Transfer Form (from another treatment facility or criminal justice system if applicable)

Vocational/Educational Profile (including educational history; degrees obtained if applicable; other training; driver's license; short and long term educational goals)

Notice of Federal Confidentiality Requirements (signed by client)

Statement of Voluntary Admission and Understanding of Program Rules

Medical History Form

In addition, adolescents and parents are given packets containing program expectations, rules, and regulations to review on their own time. These packets include the following:

Adolescents: Dynamite Youth Center Member's Orientation Booklet (Appendix B)

Parents: Parents' Orientation Booklet (Appendix C)

When: Upon admission to DYC.

Responsible: Intake Director
Intake Counselor
Parents of Adolescents
Adolescents

Quotation: **Interviewer:** What was it like coming for the intake interview?
Henri: Like I was nervous a little bit. But I don't remember a lot of things from my interview. They just said, "You're going upstate to the residential center." I said, "OK." And that's it. They told me about how upstate is. It's like...I don't know how to explain it. They said it was gonna be hard. So they said it's not gonna be like easy. They said something about being a TC or something like that. I didn't know what

Section 3.3: Admission

TC was. So. I remember like she started saying like, “You think you can handle it?” I was like, “OK.” I was like, “Yeah.” I didn’t know what I was getting into, though.

Interviewer: Did you want to come into treatment?

Henri: Yeah. I know I needed to.

Interviewer: What did you think when they said it was a 3-year program?

Henri: I don’t know. I didn’t think about it. I didn’t think about it. It’s not like I really had anything to do besides. Like I don’t know. I didn’t worry about that when I was upstate in residential or down here in day treatment. Anything like that.

Henri, Re-Entry

Section 3.3: Admission

Type of Service: PHYSICAL TRANSFER TO RESIDENTIAL CENTER

Description: Members who are being transferred to the residential center are asked to bring a suitcase or duffel bag of clothes, personal hygiene items, and any other appropriate program approved items to the center on their prearranged transfer day. Members are dropped off at the Brooklyn center by parents where they say their good-byes. Members then attend day treatment at the Brooklyn center until a DYC driver arrives to take them to the residential center in the program's van or one of the program cars. Upon arrival at the residential center, members are greeted by clinical staff and the director, assigned a bed in one of the dormitories, and introduced to a member who has been in the program for awhile and who will serve as their *big brother/big sister* and help them become integrated into the residential center community.

Why: Ensures that members arrive at the residential center safely.

Ensures that members feel as comfortable as possible upon arrival at the residential center.

When: As soon as possible once members have been fully admitted to the program. When no beds are available at the residential center, members attend the day treatment center until a bed opens up.

Responsible: Clinical Staff
DYC Driver

Section 3.3: Admission

Type of Service: LUGGAGE SEARCH

Description: All luggage arriving with members at the residential center is searched for drugs, paraphernalia, cash over \$3.00, CDs or tapes with lyrics which describe or promote drug use, and any other contraband materials. Any of these materials found in new transfers' luggage is destroyed, returned to family members, or, in the case of money, placed in the members' residential center financial account. Adolescents at the residential center are not allowed to carry more than \$3.00 at any point during their tenure at the residential center. Any money they receive while at the center is placed in an account that they may close out once they have transferred to the Brooklyn center. Luggage is searched by *upper peer* members under the supervision of program clinical staff. Members themselves are searched by program clinical staff upon arrival at the residential center.

Why: Ensures that no drugs enter the residential center property.

Ensures that no music or images which promote drug use or drug use culture enter the residential center property.

Ensures the safety of both entering members and the general residential center population.

Minimizes the opportunity for adolescents to *split* the program by restricting the amount of money in their possession.

When: Immediately upon arrival at the residential center.

Responsible: Upper Peer Members
Clinical Staff

Section 3.3: Admission

Type of Service: NEW MEMBER AT BROOKLYN CENTER

Description: If there is currently no bed available at the residential center, adolescents are temporarily enrolled in the NYC day treatment program at the Brooklyn center. These adolescents attend day treatment on weekdays and spend weekends at the residential center. While still in New York City, new members who live at their parents' houses until transfer to the residential center must observe strict program curfews. They may not communicate with old friends, but may interact with members from the program during weekday evenings.

New members are restricted to their parents' homes in the evenings after returning from the Brooklyn center. NYC staff realize that new members are under great pressure and that drug use may occur. However, new members who do use drugs are held accountable when they attend the center the next morning. New members are telephoned each evening by current members, and are invited to participate in activities with day treatment members. If members are not at home when the current member calls them, it is reported to Brooklyn staff the next day. New members are then asked to account for their whereabouts and held accountable for breaking program rules.

Approximately 3 to 5% of members admitted attend only the Brooklyn day treatment center. This happens for various reasons, including necessary medical treatments in the city, dependent disorders, adolescents' responsibility for their children, and/or lack of need for residential treatment.

Why: Ensures that new members have the opportunity to enter treatment immediately regardless of whether there is a bed available in residential treatment.

Allows new members to become familiar with treatment at NYC before transferring to the residential center.

Ensures that new members maintain a structured lifestyle for the duration of their time in Brooklyn before entering the residential center.

New members are tracked and monitored to ensure that they are following the program guidelines and rules.

Provides new members with the opportunity to get to know Brooklyn members before transferring to the residential center.

Allows parents and new members to gradually become familiar with NYC program rules and expectations.

Section 3.3: Admission

When: Directly after admission if no bed is available at the residential center. New members may attend treatment in Brooklyn anywhere from 1-30 days after admission.

Responsible: Intake Counselor, Intake Director
Brooklyn Center Director
Brooklyn Center Clinical Staff
Members' Parents
Day Treatment and Re-Entry Members

Quotation: **Interviewer:** Did they send you to the residential center right away or did they keep you in Brooklyn for a while?

Earnest: For like the first 3 weeks, 4 weeks, I was a weekend member and that means you go up to the residential center for a weekend and hang out, not hang out, but just go up for a weekend, see how it is, and then you come back down on Sunday and go to Brooklyn for day treatment. And they send you up to residential every Thursday or Friday. And then I got transferred to residential and at first I didn't wanna be there at all. I wanted to leave. I was missing drugs, I was missing my old friends, I was missing my girlfriend, things like that. I didn't wanna, I didn't wanna be there.

Earnest, Day Treatment

Section 3.3 Key Points Summary

Key Points Summary

- Once accepted into DYC, members are immediately admitted into treatment and transferred by van to the residential center when a bed becomes available.
- Adolescents waiting for a bed at the residential center attend day treatment during the week and residential treatment on the weekends until a permanent space becomes available.
- Before the adolescent's transfer to the residential center, parents must submit all required paperwork. Paperwork includes medical information, release forms, financial reports, and an agreement to pay weekly dues.
- New members arriving to the residential center are immediately assigned a *big brother or sister*, who is usually an *upper peer* member that serves as their mentor to the program.
- Upon arrival to the residential center, members and their luggage are searched for drugs and/or other contraband material. All contraband found is either destroyed or sent to the adolescent's parents.
- Members at the residential center may not carry more than \$3.00 on their person at one time. At the time of admission to the residential center, all extra money is put into members' individual accounts.
- While still in Brooklyn, new members' free time is highly structured. New members are held accountable for any drug use during this period.