

# **Section 5: Day Treatment<sup>6</sup>**

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<sup>6</sup> All previous descriptions of treatment at NYC apply to the entire program, unless otherwise specified.



# Section 5.1: Brooklyn Center Overview

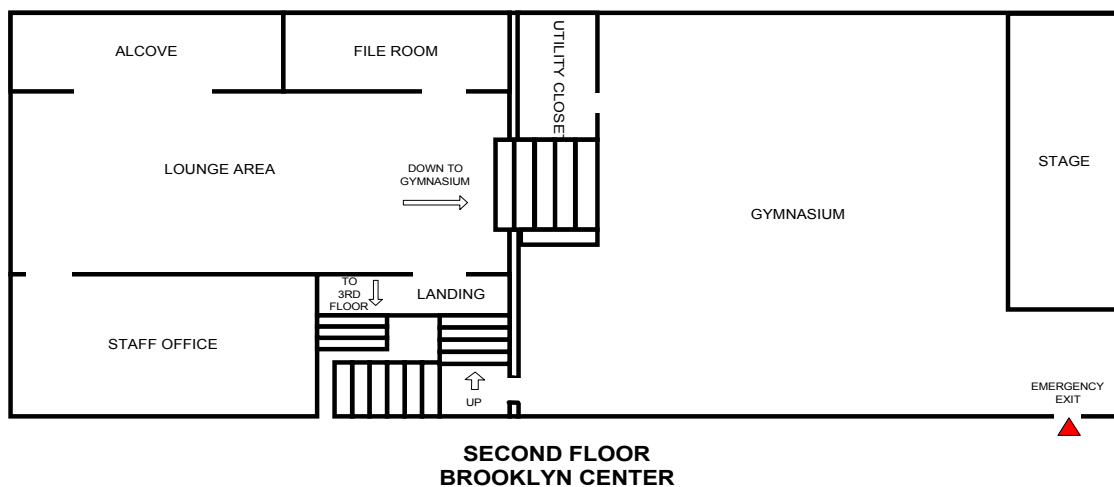
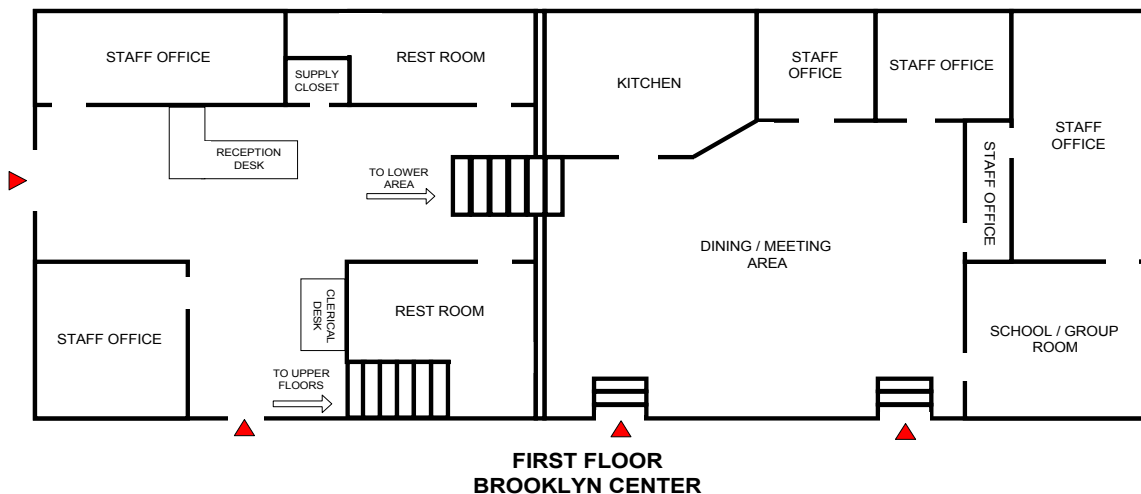
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## Section 5.1: Brooklyn Center Overview

### Brooklyn Center Facility Description

The DYC Brooklyn center is a 3-story brick building situated on a main thoroughfare in Brooklyn. While the name of the program is stenciled on the front doors, there are no obvious signs indicating that Dynamite Youth Center is in fact an adolescent drug treatment program. An American flag hangs over benches and potted flowers on the sidewalk in front of the building. The first floor contains a reception area, several staff offices, restrooms, and the clerical crew work area. A set of stairs opposite the entry way enters a split-level sub-basement which contains the center's kitchen, meeting and dining room, school room, and staff offices. Stairs to the right of the double door entrance lead to the center's 2<sup>nd</sup> floor gymnasium (which also serves as an auditorium), lounge and group therapy room, staff offices, and an alcove for quiet completion of school work. The center's 3<sup>rd</sup> floor contains administrative staff offices, a restroom, and a rooftop area open to members during warmer weather.



## Section 5.1: Brooklyn Center Overview

### Brooklyn Center

The NYC Brooklyn center functions as the nerve center for the entire treatment program. Key program administrative staff and the program executive director and associate director are based at the Brooklyn center. Intake interviews, weekly parents' group sessions and meetings, and special program events take place at the Brooklyn center. Members in the program's 3 post-residential stages—day treatment, re-entry, and phase-ambulatory—attend the Brooklyn center for their remaining time in treatment. All treatment at the Brooklyn center follows the same therapeutic community structural patterns introduced and internalized at the residential center. Members who attend treatment at the Brooklyn center are allowed a little more freedom during each successive stage of treatment; however they still adhere to daily program rules and mores acquired during their year of residential treatment. In addition, as members progress through the Brooklyn center stages, they are urged to depend less on the program for social and emotional support and to instead reintegrate into larger society.

### Daily Structure

The daily structure at the Brooklyn center operates similarly to the daily structure at the residential center, and members' weekdays are composed of the same structural elements. Just as at the residential center, the Brooklyn center's daily structure is in itself therapeutic for the members. The transition from the residential treatment center to Brooklyn can be a difficult one in terms of life changes, familial relationships, increased pressure, and a return to old neighborhoods and proximity to drug-using former friends. The structure provided in the Brooklyn center provides a routine upon which members can count when difficult situations and issues arise. Members know that when all else in their lives appears to be chaotic, the center and the center's routine will remain the same. After leaving the highly structured atmosphere of the residential center, members crave the structure provided in the day treatment stage of the Brooklyn center. The transition back to the home environment and the increased freedom can sometimes cause members to feel overwhelmed. Members learn quickly that they must arrive at the center on time each day and must be as ready to participate in the day's activities as they were at the residential center. Members who fail to arrive at the center on time are subject to disciplinary action—no exceptions granted. The Brooklyn center daily schedule alters only occasionally for special events.

### Stages of Treatment at the Brooklyn Center

#### Day Treatment

Day treatment is offered 5 days a week at the Brooklyn center. Members arrive each morning at 9:00 a.m. and participate in work crews, seminars, group therapy sessions, behavior modification, one-to-one counseling sessions, school, and structured activities like they did at the residential center. Members are expected to maintain the values they internalized at the residential center and to utilize coping skills acquired at the residential facility in their daily interactions with people on their way to and from the center each week day. Members return to their parents' homes each evening and are provided very little free time outside of the center and their parents' homes. In addition, day treatment members are expected to participate in *trips* and activities with other NYC members at least 3 times per week.

Day treatment allows members to reintegrate into their parents' homes and their neighborhood communities while still maintaining a structured daily schedule within the treatment center. Problems in living situations and/or conflicts encountered on the way to or from the center each day are discussed within the supportive context of the program. These problems are addressed with members and, if necessary, their parents before they threaten the members' treatment progress. Day treatment members focus on reintroducing themselves to the city and their families, and forming coping mechanisms for avoiding contact with former friends and acquaintances who may still be using drugs. Members typically remain in day treatment for about 6 months.

#### Re-Entry

Re-entry treatment is offered 3 days a week at the Brooklyn center (Monday, Wednesday, and Friday) and allows members to become reintroduced to school or work environments while still maintaining support within the treatment program. Re-entry members participate in the same daily schedule and activities as members in day treatment during the days they attend the program. However, on Tuesdays and Thursdays, when they are not attending the Brooklyn center, re-entry members are in the process of being gradually reintroduced to the larger community. On these days, members either attend school or maintain employment in the outside community.

Re-entry members focus on acquiring school and work-related skills and utilizing those skills to become productive members of society. They learn how to cope with difficult job and school-related situations in which they may be confronted with others' daily drug use and/or negative attitudes. Re-entry members are encouraged to consider their long-term employment and educational goals and to maintain jobs and educational levels appropriate for completion of these goals. In addition, re-entry members are expected to work at their job or complete school requirements either Saturday or Sunday afternoon each week. Re-entry members are also expected to participate in weekend trips with other day treatment and re-entry members at least 3 times per weekend. All re-entry members are expected to open a savings account and maintain a steady balance in this account. Members remain in the re-entry treatment stage for approximately 6-8 months depending upon individual needs and circumstances.

## Section 5.1: Brooklyn Center Overview

### **Phase-Ambulatory**

Phase-ambulatory members attend the Brooklyn center 2 nights per week for group therapy sessions and attend work or school 5 to 7 days per week. They are expected to maintain friendships with other phase-ambulatory members, but are also expected to make friendships with non-drug using adolescents who are not currently participating in a drug treatment program. Group therapy during this stage of treatment centers on coping with a complete break from the program, dealing with daily personal issues that arise, achieving goals, and making concrete attainable plans for the future.

Phase-ambulatory members focus on fully integrating themselves within their home, work/school, and social communities. They are expected to take responsibility for actions and activities in their daily lives and to maintain a productive and positive lifestyle with minimal help from NYC staff and other members. Older phase-ambulatory members frequently move out of their parents' homes and assume full financial, organizational, and social responsibility for their lives. Members usually attend phase-ambulatory treatment for about a year.



## Section 5.1 Key Points Summary

### Key Points Summary

- The NYC Brooklyn center houses day treatment, re-entry, phase-ambulatory and parent/family treatment.
- Daily structure is similar at both treatment centers. Similar to the residential center, daily structure at the Brooklyn center is a therapeutic element in itself.
- The NYC Brooklyn center is a 3-story brick building with a reception area, staff and administrative offices, school and group rooms, kitchen, dining room, gymnasium, and lounge area.
- Members attending day treatment report to the Brooklyn center 5 days a week and participate in individual counseling, group therapy, work therapy, seminars, house meetings, and other therapeutic activities. Treatment is administered from 9:00 a.m.–6:00 p.m. Monday through Friday.
- Members in re-entry treatment report to the center on Mondays, Wednesdays, and Fridays to participate in the same therapeutic activities as day treatment members. Members must either work or attend school on the days they are not at the center.
- Phase-ambulatory members meet 2 nights a week, Wednesdays and Fridays, at the Brooklyn center. Members in phase-ambulatory are required to hold a full-time job or attend school full-time.



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## Section 5.2: Day Treatment Overview

### Day Treatment

Day treatment at NYC occurs Monday, Tuesday, Thursday, and Friday from 9:00 a.m. to 6:00 p.m. and may last longer if members are having a serious group therapy discussion. On Wednesdays, members attend the center from 9:00 a.m. to 11:00 p.m.; they eat both lunch and dinner at the center and remain on the center property during parents' night. During the day, they participate in 3 house meetings per day; encounter, peer, and gender group therapy sessions; school; seminars; lunch; and work crews. Members are transferred from residential treatment into their parents' or legal guardians' care and must live with them for this stage of the program. Members use public transportation or drive to and from their parents' houses to the center every day. Free time outside the center is closely monitored by staff, parents, and the members themselves. Initially, members are only allowed to communicate with other NYC members and families. They may have no contact with *old friends* or former drug-using peers. The rules governing members' time spent outside the center are very strict, and transgressions are taken very seriously.

The transfer into day treatment signifies a big step in the process toward complete self-reliance. Members are slowly given more and more independence and are expected to make wise choices with that independence. At first, freedom can be a new and frightening thing. Members may feel that they are not ready for the responsibility. Staff realize this and provide support for members, demonstrating faith in members' decision-making abilities. Members' behavior within the center is monitored and learning experiences are assigned as needed, but because members are fully integrated into the community and its values, learning experiences generally occur less often at the Brooklyn center than at the residential center.

## Section 5.2: Day Treatment Overview

**Program**

**Procedure:** DAY TREATMENT EXPECTATIONS AND GOALS

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

It is expected that during day treatment members will:

- Gain increased self confidence
- Foster an ability to effectively problem-solve
- Improve peer relationships
- Foster a greater capacity to manage feelings

The goals for day treatment are:

- To increase awareness of individual dynamics and understand how these dynamics influence how people think, feel, and behave.
- To continue to identify negative behaviors and attitudes and replace them with positive alternatives.
- To identify and express a wider range of emotions.
- To learn to set and maintain healthy boundaries.
- To increase trust for adults and others in authority.
- To practice following directions and guidelines.
- To learn and apply appropriate skills of loving confrontation.
- To set short-term and long-term life goals.
- To establish new and maintain old residential center peer relationships.
- To increase comfort with emerging sexuality and gender issues.
- To enhance the member's ability to speak in groups and in public, and to conduct presentations.
- To develop community-based support systems.
- To practice structuring free time and planning social activities.

**When:** Throughout day treatment.

**Responsible:** Individual Members  
Clinical Staff Members

## Section 5.2: Day Treatment Overview

### Day Treatment Daily Structure Chart<sup>7</sup>

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Morning</b>							
9:00	Give Info / School	Give Info / School	Give Info / School	Late Arrival Day	Give Info / School	Home, self and family activities / sleep	Home, self and family activities / sleep
9:30							
10:00	Morning Meeting	Morning Meeting	Morning Meeting	Give Info / Morning Meeting	Morning Meeting		
10:30							
11:00	School or Work Crews	School or Work Crews	School or Work Crews	School or Work Crews	School or Work Crews		
11:30							
12:00	Lunch	Lunch	Lunch	Lunch	Lunch		
<b>Afternoon</b>							
1:00	School or Work Crews	School or Work Crews	School or Work Crews	School or Work Crews	School or Work Crews	Saturday Afternoon Trip (flexible schedules)	Sunday Afternoon Trip (flexible schedules)
1:30							
2:00	Aft. Meeting		Aft. Meeting		Aft. Meeting		
2:15							
2:30	Encounter Group	Aft. Meeting	Static, Peer, or Gender Group	Aft. Meeting	Reflections		
2:45							
3:00		Seminar or Work Crews, One-to-One Counseling, Behavior Modification, or Field Trips		Seminar or Work Crews, One-to-One Counseling, Behavior Modification, or Field Trips	Seminar or Work Crews, One-to-One Counseling, Behavior Modification, or Field Trips	Encounter Group	
3:30							
4:00							
4:30	Evening Meeting	Evening Meeting	Evening Meeting	Evening Meeting	Evening Meeting		
5:00							
5:30	Travel Home	Travel Home	Prepare Supper	Travel Home	Travel Home		
<b>Evening</b>							
6:30	Travel Home	Travel Home	Supper	Travel Home	Friday Night Trip (flexible schedules, trips usually occur for 5 or 6 hours during this time)	Saturday Night Trip (flexible schedules, trips usually occur for 5 or 6 hours during this time)	Sunday Evening Trip (flexible schedules, trips usually occur for several hours)
7:00	Home, self and family activities / sleep	Home, self and family activities / sleep	Clean up	Home, self and family activities / sleep			
7:30			Plan weekend trips and write trip sheets				
8:00							
8:30			Free time at center				
9:00							
9:30							
10:00			Travel home with parents				
10:30							
11:00			Home, self and family activities / sleep				
11:30							
12:00							
12:30							
1:00	Home, self and family activities / sleep						
1:30							
2:00							

<sup>7</sup> Re-entry members attend day treatment activities on Mondays, Wednesdays, and Fridays.

## Section 5.2: Day Treatment Overview

### Program

**Procedure:** FIRST WEEK AT THE BROOKLYN CENTER

### Description:

Members' first week of day treatment begins with their physical transfer to the Brooklyn center. During their first day in Brooklyn, newly transferred members are welcomed by the community in the morning meeting and assigned a work crew function, most likely service crew. Newly transitioned day treatment members are put on the bottom of the Brooklyn center pop sheet. They are now at the bottom of the work crew hierarchy and must again work their way to different work crews and up the pop sheet to gain status in the house.

Recently transitioned members are monitored closely by staff for any signs of stress relating to their transition. They are given frequent one-to-ones by several staff members to ensure that they become familiar with Brooklyn staff and feel as comfortable as possible during their transitional period.

### Why:

Helps members become acquainted with treatment at the Brooklyn center.

Provides support for members and allows them to discuss the feelings associated with their change in treatment stage.

### When:

During members' first week of day treatment, usually starting the same day of transfer.

### Responsible:

Clinical Staff Members

### Quotation:

**Interviewer:** When you were first transferred into day treatment, what did you think it would be like?

**Eryk:** Like come to the center and then you go home and do whatever-the-hell-you-want--basically. It's not like that at all, but that's what I thought. That was my impression, like I thought, when I find out Upstate that I'm getting transferred? I felt like, uh, "Okay, I'm getting transferred, party starts." You know what I'm saying? I felt like it was a party out here. And I still kept that mind for, like, first week or two. Then I realized that it's even harder than residential, because right down here everything is real. You know what I'm saying? The door? It's right here. And if I don't like something, I get a haircut and I don't agree with it I could just slam the door and go, you know what I'm saying? Where am I gonna go upstate, in the woods?

*Eryk, Day Treatment*



## Section 5.2: Day Treatment Overview

<b>Type of Service:</b>	<b>ORIENTATION TO DAY TREATMENT</b>
<b>Description:</b>	<p>On the first Wednesday night following transfer, members and their families attend a day treatment orientation session. The session occurs during the time normally allotted for <i>parents' group</i> sessions. Topics covered at orientation include rules and regulations of the Brooklyn center, what is expected of the members now that they are in day treatment, and what to expect as members transition through the Brooklyn treatment stages. Both members and parents are encouraged to ask questions during this session and discuss any problems that may have already arisen.</p>
<b>Why:</b>	<p>Ensures that both members and parents receive the same information about day treatment, thus reducing any conflicting perceptions between members and their families about what is expected of them.</p> <p>Provides an open forum for questions and concerns.</p> <p>Reinforces the idea that both members and parents are active elements of the members' treatment.</p>
<b>When:</b>	<p>The first Wednesday parents' night following transfer. Orientation sessions generally last about 2 hours.</p>
<b>Responsible:</b>	<p>Clinical Staff Members Newly Transitioned Members Members' Parents</p>

## Section 5.2: Day Treatment Overview

**Program**

**Procedure:** IN CASE OF ILLNESS

**Description:** If members are too ill to travel to the Brooklyn Center they must call into the center before 9:00 a.m. and speak to the program director about their illness. Members may be asked to bring in a doctor's note on the next day they return to treatment. While members are not encouraged to attend the center while ill, absences are not taken lightly. Staff and other members may call the absent members' homes during the day to ensure that they are indeed ill and at home resting. If members contract a major illness or sustain an injury and are unable to attend the center for an extended period of time (a week or more), clinical staff work with them and their parents to ensure that they have adequate social support throughout their recovery process. If sick members are not contagious, treatment peers may visit with them in the evenings and on weekends.

**Why:** Ensures that members take absences from day treatment seriously and that they only call in sick when they are actually sick.

Encourages members to take responsibility for their own health.

Ensures that ill members have social support from other members and from clinical staff.

**When:** On treatment days when members are ill, before 9:00 a.m.

**Responsible:** Individual Members  
Members' Parents  
Brooklyn Center Program Director

## Section 5.2: Day Treatment Overview

**Program**

**Procedure:** IN CASE OF EMERGENCY

**Description:**

If members experience a family emergency or the death of a loved one while attending treatment at the Brooklyn center, they may be excused from treatment for several days to attend to family duties and/or attend a funeral. If members wish, and if therapeutically appropriate, they may request that another Brooklyn center member accompany them to difficult familial situations and/or funerals. Members who have leave to attend to family matters for several days are required to call the Brooklyn center daily to check in with clinical staff. Members are also encouraged to call more frequently if they feel the need to speak to their friends in treatment or to clinical staff. In addition, members must provide a phone number where they may be contacted for the duration of their leave from the program. Members are cautioned to stay away from family gatherings that serve alcohol if they are worried about their ability to abstain. Generally, members take only 1 to 2 days off from treatment to deal with family emergencies unless extensive travel is involved. Upon their return to the Brooklyn center, members are given one-to-one counseling with clinical staff to discuss emotions and difficulties they encountered during their absence from the center.

**Why:**

Allows members to remain with their parents and/or extended family members during difficult situations.

Ensures that members have adequate support from other Brooklyn center members and Brooklyn center clinical staff during personal and familial crises.

Ensures that members talk with clinical staff about emotions which arise as a result of difficult situations and lessens the possibility of splitting treatment.

**When:**

In the event of a family emergency.

Absences generally last 1 to 2 days, unless extenuating circumstances apply.

**Responsible:**

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

## Section 5.2: Day Treatment Overview

<b>Program</b>	
<b>Procedure:</b>	<b>COMMUNICATION SEPARATION FROM RESIDENTIAL CENTER</b>
<b>Description:</b>	<p>Once members have transitioned out of the residential center, clinical staff prefer that they do not contact residential center staff on a daily basis. Members are encouraged to break much of their communication with the residential center and its inhabitants for at least the first month after transition. Members are encouraged, instead, to spend their first few months in Brooklyn getting <i>plugged in</i> to the Brooklyn center and learning to trust and rely upon the Brooklyn center staff and peers.</p> <p>If members show tendencies to frequently contact the residential center rather than discuss their fears, worries, and other issues with Brooklyn staff and peers, they may be placed on a temporary talking ban with the residential center. However, recently transitioned members are always encouraged to call the residential center if they encounter insurmountable problems after transition which occur outside of the normal Brooklyn center hours (e.g., at night, on weekends, or on holidays).</p> <p>After a month has passed, it is assumed that members have formed a support network in Brooklyn, and full communication with the residential center may resume. Typically, once members have become plugged into the Brooklyn center, they are not as eager to contact the residential center on a frequent basis.</p>
<b>Why:</b>	<p>Encourages members to form a support system in Brooklyn rather than relying upon their residential center peers and staff.</p> <p>Temporary communication separations give members space and time to adjust to the new pressures and expectations they face in day treatment.</p> <p>Provides members with the opportunity to begin making their own life decisions and encourages self-reliance.</p>
<b>When:</b>	Members' first month of day treatment.
<b>Responsible:</b>	Clinical Staff Members Individual Members

## Section 5.2: Day Treatment Overview

<b>Program</b>	
<b>Procedure:</b>	<b>RESTRICTIONS ON PHONE CALLS</b>
<b>Description:</b>	<p>During the initial stages of day treatment, members' phone communication is strictly monitored. While at the center, members are not allowed to make or receive phone calls from anyone outside of the program other than their parents. In the evenings, when they return to their parents' homes, members are not allowed to make or receive calls from anyone other than extended family members and program peers. Members are strictly prohibited from contacting <i>old friends</i> or former drug-using acquaintances.</p> <p>Toward the end of their tenure in day treatment, members may be allowed to communicate with new friends made outside of the program or old friends that are not involved with drugs pending staff permission and approval.</p> <p>Members and their parents are responsible for monitoring members' phone use in the home, and are asked to report any unapproved phone communication to clinical staff. Members' parents are expected to enforce these rules and members are expected to report any forbidden phone communication the next morning by <i>giving info</i>.</p>
<b>Why:</b>	<p>Ensures that members are not contacting old friends who may be potential triggers to relapse.</p> <p>Encourages members to call their program peers when they need to talk and to rely upon peer support and advice.</p> <p>Ensures that members are not harassed by former romantic partners and drug-using friends.</p> <p>Provides guidelines for parents who help monitor members' phone usage.</p>
<b>When:</b>	At all times throughout day treatment and occasionally re-entry, determined on a case-by-case basis.
<b>Responsible:</b>	Individual Members Members' Parents Clinical Staff Members

## Section 5.2: Day Treatment Overview

**Program Rule:** WEEKLY BUDGET

**Description:** When members transfer to day treatment and the Brooklyn center, they are given a weekly budget by their parents that covers the members' necessary expenses. The amount of the budget, usually between \$50.00 and \$75.00, is set during the member and parent orientation meeting directly following members' transfer to day treatment. The main factor that parents and the program consider while setting the weekly budget is transportation costs; for example, a member who lives in Long Island and has to take the Long Island Railroad every day would be given a larger budget than one who lives in Brooklyn and simply takes the subway. Weekly budgets also cover the cost of the required weekly trips and any meals needed en route.

If a parent or parents are unable to provide a weekly budget, the program may assist members by providing transportation fees and, occasionally, funds for special events.

**Why:** Teaches members how to budget money and responsibly handle financial situations.

Ensures that members are not carrying large amounts of cash. Access to large amounts of cash may make abstinence from drugs difficult for individual members.

Provides members with spending money for weekend trips and ensures that they have adequate money for transportation to and from the center.

Ensures that day treatment members have time to focus on their treatment and are not tempted to obtain employment before they enter the re-entry stage of NYC.

**When:** Weekly, as determined by parents and by members' transportation fees.

**Responsible:** Members' Parents  
Individual Members

## Section 5.2: Day Treatment Overview

<b>Program Rule:</b>	<b>HOUSE BANS</b>
<b>Description:</b>	House bans control the amount of free time a member has each night after returning from the center. As members progress in the program, they are granted an increasing amount of time that they may be away from their parents' homes in the evenings without a <i>trip sheet</i> . House bans can be granted for 1, 2, or 3 hours or they may be lifted completely. Members who have just transferred to the Brooklyn center may not leave their parents' homes without pre-approved staff permission. Once they have become acculturated to being back in Brooklyn, members may submit a written request to lift the house ban for 1 hour. Once they have shown that they are able to use their free time productively, they may submit further requests for more time. Members' parents are expected to keep informed of changes in house bans and check up on their adolescents' movements.
<b>Why:</b>	<p>Provides members with a sense of accomplishment as they earn more trust, both within the program and from their parents.</p> <p>Requires members' parents to take an active role in their son/daughter's treatment.</p> <p>Ensures that members are closely monitored when they first return to Brooklyn and enter day treatment.</p>
<b>When:</b>	Members begin day treatment with a comprehensive house ban. Once they have become acculturated to the Brooklyn center and the city, members may request bans be lifted in increments of 1 hour for the duration of their tenure in day treatment and re-entry.
<b>Responsible:</b>	Individual Members Clinical Staff Members Members' Parents

## Section 5.2: Day Treatment Overview

<b>Type of Service:</b>	<b>VISITS TO THE RESIDENTIAL CENTER</b>
<b>Description:</b>	<p>Once they are acclimated to the Brooklyn center, members may request to visit the residential center for a weekend. They verbally submit a request to staff by Thursday of the week they wish to travel, and take a NYC van, driven by a NYC driver, up to the center on Friday. Anyone who wishes may go, provided there is space at the residential center. Brooklyn members who visit the residential center participate in all the center's activities and pitch in with work where needed, but are not assigned to chores. Visits usually last from Friday to Sunday night. Members may not request weekend visits more than once a month. Most requests for weekend visits to the residential center are granted, but for the occasional time when the request is denied, the member may request a visit again the following week.</p>
<b>Why:</b>	<p>Provides an opportunity for day treatment and re-entry members to take a break from the city and socialize with residential center staff and friends. Allows day treatment and re-entry members to reminisce about their year at the residential center.</p> <p>Allows day treatment and re-entry members to talk about specific issues and problems with residential center staff.</p> <p>Gives day treatment and re-entry members a chance to show residential center staff and members how much they have changed since they left the residential center.</p> <p>Gives residential center members a chance to meet and interact with Brooklyn day treatment and re-entry members, thus providing residential center members with concrete evidence of successful transitions to day treatment and the next stages of the program. Reinforces the community structure of NYC.</p>
<b>When:</b>	On weekends, by verbal request from the members.
<b>Responsible:</b>	Individual Members Clinical Staff



## Section 5.2 Key Points Summary

### Key Points Summary

- Day treatment members are expected to gain increased self-confidence, foster an ability to problem-solve, improve peer relationships, and foster a greater capacity to manage feelings.
- Members attend day treatment at the Brooklyn center Monday through Friday from 9:00 a.m. to 6:00 p.m. and until 11:00 p.m. on Wednesdays. Members live with their parents and travel home each day after treatment.
- Daily structure at the Brooklyn center closely mirrors the daily structure at the residential center, but members return to their parents' homes each night.
- Transfer to day treatment gives members many new responsibilities which may cause stress. Staff is aware of this and provides extra support through this uncertain time.
- Newly transferred members and their parents attend an orientation session on the first Wednesday after transfer.
- The program handles member illnesses and family emergencies on a case-by-case basis. Extra support is given to members experiencing either of these occurrences.
- DYC prefers that newly transferred members not contact the residential center frequently during their first month at the Brooklyn center.
- Newly transitioned members' phone calls are closely monitored for contact with drug-using former friends.
- Parents are expected to exert authority over their newly transitioned adolescents and to take responsibility for ensuring that program rules are being followed while members are in their homes.
- As part of their participation in the program, parents give day treatment members a weekly budget to cover travel and personal expenses.
- As they progress through day treatment and re-entry, members are allowed to spend an increasing amount of time away from the center and their parents' houses.
- Members may request to visit the upstate center for a weekend so that they may visit with upstate staff and members who may not have yet transferred to day treatment.



# Section 5.3: Day Treatment and Re-Entry Therapeutic Elements

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## Section 5.3: Day Treatment and Re-Entry Therapeutic Elements

### Therapeutic Elements: Brooklyn Center

Services	Stage in Program		
	Day Treatment	Re-Entry	Phase-Ambulatory
<b>Group Attendance</b>			
Encounter Group	Mon. & Fri.	Mon. & Fri.	N/A
Static/Peer Group	Wed.	Wed.	Fri.
Topic Group	As needed	As needed	As needed
Women's/Men's Group	Monthly	Monthly	Monthly, as needed
Extended Group	Once while in treatment		
Special Group (with Parents/Family)	Twice during treatment and additionally if needed		
<b>Additional Counseling Services</b>			
One-to-Ones (Individual Counseling)	Twice per week	Twice per week	Twice per month
Talking to	As needed	As needed	As needed
Confrontation	As needed	As needed	As needed
Haircut	As needed	As needed	As needed
Reflections	Once per week	Once per week	N/A
<b>House Management</b>			
Morning Meeting	Daily	3x per week	N/A
Noon Meeting	Daily	3x per week	N/A
Evening Meeting	Daily	3x per week	N/A
Work Crew Chores	Daily	3x per week	N/A
Department Head Meetings	Once per week	Once per week	N/A
Seminar	Once per week	Once per week	As needed
Health Awareness	Once per month	Once per month	As needed
<b>Recreational</b>			
Planned Recreational Activity	5x per week	3x per week	N/A
Field Trips	Where appropriate	Where appropriate	Where appropriate
Required Trips with Peers	3x per week	3x per week	N/A
<b>Vocational / Educational</b>			
On-Site Education	Daily if appropriate	3x per week if needed	N/A
Community Based Schooling	1 to 5x per week, if appropriate		
Tutoring	As needed	As needed	As needed
Vocational Counseling	Once per month	Once per month	Once per month
Vocational Assessment	Once	N/A	Once
Employment Preparation Seminar	Once per month	Once per month	As needed
<b>Special Activities</b>			
Women's Retreat	Once during outpatient treatment		N/A
<b>Family Counseling</b>			
Parents' Group	Once per week		
Parent-Child Group	16 weekly sessions during treatment		As needed
Individual Family Counseling	As needed	As needed	As needed
<b>Other Services</b>			
Master Trip Sheet Development	Once per week	Once per week	N/A
Smoking Cessation	As needed	As needed	As needed
Psychiatric/Psychological Services	As needed	As needed	As needed

## **Section 5.3.1: Day Treatment and Re-Entry Therapeutic Elements: Group Therapy**

### **Group Therapy**

Members' behavior in group therapy sessions usually changes once they become accustomed to and integrated into the Brooklyn center. Day treatment and re-entry members participate in group therapy sessions together, and recently transitioned members learn quickly that although the Brooklyn center runs encounter, peer, and static groups, the nature, topics, and depth of these group therapy sessions are different. Members at the Brooklyn center have now begun to understand more about themselves and their personal concerns. While groups at the residential center might have focused on providing members with an outlet for pent-up frustration with their peers or stress, group therapy sessions at the Brooklyn center focus on members' abilities to listen respectfully and understand and react to other members' personal stories. Brooklyn center group therapy continues to teach members how to demonstrate caring, compassion, and concern for other members without resorting to anger.

Brooklyn center group therapy sessions are attended by 1 or 2 staff members who monitor the group's progression, bring up key topics and points, and gently lead the group in a particular direction. However, members themselves are expected to actively assist with, and occasionally take responsibility for, the talking and probing that takes place in group therapy sessions.

## **Section 5.3.1: Day Treatment and Re-Entry Therapeutic Elements: Group Therapy**

<b>Type of Service:</b>	<b>DROPPING A SLIP FOR ENCOUNTER GROUP</b>
<b>Description:</b>	<p>At the Brooklyn center, members drop slips much like at the residential center, but for slightly different reasons. While members at the residential center may have dropped slips to express frustration with other members' actions, at the Brooklyn center, members tend to drop slips because they are concerned that other members are exhibiting behavior that could possibly be self-destructive. Members evolve over the months they participate in day treatment and re-entry and learn to show care and concern for other members rather than anger and frustration. At the Brooklyn center, the slip box is located in the clerical work crew station just off of the entryway into the center.</p>
<b>Why:</b>	<p>Offers members an opportunity to express thoughts, feelings, and concerns in an appropriate manner.</p> <p>Provides a way for members to address negative behaviors their peers may be displaying.</p> <p>Provides consistency in daily and group therapy session structure between the program's residential and Brooklyn centers.</p>
<b>When:</b>	<p>Slips may be dropped at any point during the treatment day at the Brooklyn center. Slips are collected every Monday and Friday morning before lunch so that staff members may assign members to appropriate group therapy sessions.</p>
<b>Responsible:</b>	<p>Individual Members Clinical Staff Members</p>

## Section 5.3.1: Day Treatment and Re-Entry Therapeutic Elements: Group Therapy

**Type of Service:** ENCOUNTER GROUP

**Description:** While residential center members frequently drop slips on each other, Brooklyn members have learned how to confront one another in productive ways outside of the context of group therapy. Thus many conflicts that would be addressed in an encounter group session at the residential center are resolved before they need to be brought to an encounter group session at the Brooklyn center. Because Brooklyn members have begun to learn how to relate to each other in a more open and adult manner and because members have begun to monitor and control their own behavior with their peers, encounter group sessions for day treatment and re-entry members often serve as supportive discussion periods. Day treatment and re-entry members take the lead in probing other members during group therapy sessions where appropriate. They also play a key role in helping their peers understand their behavior in the context of their interactions with other members, their families, and clinical staff.

**Why:** Reinforces members' abilities to demonstrate care and compassion for other people.

Provides a space for members to discuss important social and familial issues and to receive advice from other members who can relate to their experiences. Teaches members to rely upon the advice and support they receive from their peers.

Continues to give members a space to monitor each other's behavior and a format in which to address grievances should they be otherwise irreconcilable.

**When:** Monday afternoons from 2:15–5:00 p.m. and Friday afternoons from 3:00–5:00 p.m.

**Responsible:** Clinical Staff Members  
Members Assigned to the Group

**Quotation:** **Interviewer:** Was it hard getting used to being in the Brooklyn treatment center, being here, when you first came down?

**Jasha:** Groups are a little different, not all the time everybody screams. You know? You talk things out, little bit more real. Like in residential you used to get your feelings out. You deal, talk about your past, what problems you got, and over here in Brooklyn those problems are hitting you. And the way to deal with them is you talk in group.

*Jasha, Phase-Ambulatory*



## Section 5.3.1: Day Treatment and Re-Entry Therapeutic Elements: Group Therapy

**Type of Service:** STATIC GROUP

**Description:** Static groups at the Brooklyn center function similarly to static groups at the residential center. Group membership remains the same for approximately 8 weeks, during which day treatment and re-entry members discuss feelings, thoughts, and actions connected with adjustment issues and personal concerns resulting from their daily interactions with people outside of the center. Members frequently discuss issues related to familial relationships, adjusting to living at home, encountering *old friends*, dating concerns, and for re-entry members, problems locating employment or returning to school. The increased pressures that members face upon returning to New York City and their family situations are discussed and analyzed in the supportive group therapy atmosphere. In addition, members may talk about social anxieties and concerns about socializing with people who are not familiar with NYC or drug treatment.

**Why:** Provides members with a supportive space to discuss personal concerns and problems and gives members an outlet for discussing difficult familial or home issues.

Reinforces members' abilities to show care and concern for other people.

Allows members to learn from each other as they collectively work together to provide advice for individuals discussing problems. Because day treatment and re-entry members attend static group sessions together, members constantly learn from others who are further along in the program and have had similar familial or social experiences.

**When:** Wednesday afternoons, from 2:15–5:00 p.m.

**Responsible:** Clinical Staff Members  
Members Assigned to the Group

## **Section 5.3.1: Day Treatment and Re-Entry Therapeutic Elements: Group Therapy**

**Type of Service:**     **TOPIC GROUP**

**Description:**       Topic groups occur when staff members note that several members are confronting similar issues or problems at similar points in time. Topic groups may occur frequently or occasionally as deemed appropriate and as needed. The issues discussed during topic group sessions vary according to individual needs, but may include emotions related to physical or sexual abuse, issues associated with being adopted, feelings about heterosexuality and homosexuality, emotions related to teenage pregnancy and/or raising children, issues associated with previous abortions, and/or giving children up to foster care or for adoption.

**Why:**                 Provides a safe space for members to talk about similar issues and problems and allows groups of members to discuss personal issues in depth and without distractions.

                              Gives members the opportunity to obtain advice and learn appropriate coping strategies from other members and staff members.

**When:**                As needed, when it is determined that a number of members are facing similar issues and problems.  
                              Topic group sessions generally last 3–4 hours

**Responsible:**        Brooklyn Center Program Director  
                              Clinical Staff Members

## Section 5.3.1: Day Treatment and Re-Entry Therapeutic Elements: Group Therapy

**Type of Service:** PARENT-CHILD GROUP

**Description:** Parent-child groups occur every Wednesday night during regular *parents' group* sessions (see Section 8: Parent/Family Treatment). Members and parents attend parent-child group on a rotating schedule for a 16 week period at some point during members' tenure at the Brooklyn center (during either day treatment or re-entry) and, in some instances, during phase-ambulatory. Parent-child group membership is chosen by the executive director, who takes staff recommendations into consideration. Membership in parent-child groups is based on similar issues and problems occurring within several families at approximately the same time. Parent-child groups consist of 1 to 2 staff members and 6 to 8 parent-member combinations. Any parent(s)/guardian(s) that members are currently living with are strongly encouraged to participate in parent-child groups, including step-parents.

Parent-child group discussions center around differences and communication breakdown between members and parents, conflicts within the home, and conflicts within parent-child relationships. Coping techniques, suggestions, and questions are shared by other parents and members during group sessions. All members of a parent-child group are considered equal during the group sessions, and members may question and probe parents in the same way that parents question members. Members and parents are expected to contribute equally to the group discussion and to attempt to discuss issues without ascribing blame or guilt. The staff members and parent-child group leader monitor and direct the group as appropriate and ensure that each group member has an equal voice.

**Why:** Allows familial issues to be discussed in a controlled and understanding environment and provides a space for members and parents to interact in a structured environment.

Provides space for group participants to learn from each other's experiences and find common solutions to mutual problems.

Encourages members and parents to understand that their familial problems and feelings are shared by others.

Encourages both parents and members to understand each other's thought processes and points of view.

**When:** Wednesday nights, in 16-week rotations.  
Parent-child group sessions usually last about 2 hours.

## Section 5.3.1: Day Treatment and Re-Entry Therapeutic Elements: Group Therapy

**Responsible:** Executive Director  
Clinical Staff Members  
Parents' Group Leaders  
Individual Members  
Parents of Members

**Quotation:** It's basically a group with your parents. I mean, what you gotta say to your parents, you say to your parents. I mean, to respect too. I mean you can't just sit there and curse out your mother. You know what I mean? That's not allowed. You're not gonna do that. But, if your mother got you mad, whether if it's for something that just happened or if it's past, you know, you talk about whatever you want. And it just points out what you need, what the child needs to look at, and what the parent needs to look at. You know, and it needs to be changed, and what can you do to change it. You know, where's the resolution. You know. And um...it works out somewhere.

*Isaac, Re-Entry*

**Quotation:** I personally think, as time goes on I realize the role that parents actually play with these kids. That these kids aren't just born using drugs. Some of it may be biological but there's problems. And the families are connected....So I went back into group last week. And I just listened to all the parents talking. And that was when this kind of light bulb went on, and I realized that I really play a role in what's going on in my household with my son right now, also. Because I've started to see how many other parents are doing the same stuff. And there is sort of behavior patterns that go on.

*Mariah, Program Parent*

## Section 5.3.1: Day Treatment and Re-Entry Therapeutic Elements: Group Therapy

**Type of Service:** EXTENDED GROUP

**Description:** Brooklyn center extended groups function similarly to those at the residential center. Members do not know that they will be participating in an extended group until they arrive at the center in the morning. Staff members choose the composition of extended groups by taking into account members' similar issues and problems and member rapport. Like extended groups at the residential center, these groups break only for meals. Because the typical treatment day ends at 6:00 p.m. in the Brooklyn center, extended group sessions may run past the normal end of the treatment day. Members are expected to remain in extended group until all issues and problems have been addressed. If extended group sessions run extremely late in the evening, members may be excused from treatment attendance the following morning to ensure that they have adequate time for rest and sleep.

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

**When:** Once or twice during day treatment and re-entry.  
Extended groups can last up to 20 hours, but typically last 7–10 hours.

**Responsible:** Brooklyn Center Program Director  
Clinical Staff Members

**Quotation:** My first extended was...the most realest thing I've ever experienced in my life. I've never gone through as many feelings, I've never seen people go through that many feelings. It was just, it was weird. It was weird, good, hard, everything. It was 19 ½ hours long, too. So we were just trapped in a room together for 19 ½ hours. It was all my peers, too, surprisingly. So, it was cool.

*Harry, Re-Entry*

## **Section 5.3.1: Day Treatment and Re-Entry Therapeutic Elements: Group Therapy**

**Type of Service:**      **GENDER ISSUES AND WOMEN’S/MEN’S GROUP**

**Description:**      Because issues of sexuality, dating, and socialization occur more often toward the end of day treatment and during re-entry, women’s and men’s groups are called more frequently at the Brooklyn center than they are at the residential center. As members transition from dependence on the DYC program to gradual reintroduction into larger society, they are encouraged to interact with adolescents outside of the DYC program. Once staff and individual members feel that they are psychologically and emotionally ready, they may begin to think about dating again. These thoughts may bring up a host of issues best discussed in a same-sex environment.

Potentially difficult or stressful gender-related issues are discussed in the supportive context of group therapy with 1 or 2 same-sex clinical staff members. In addition to the issues above, other sexual and gender-specific issues such as homosexual experiences, issues of victimization, and prostitution are discussed in gender groups. In addition, staff may address issues of gender-related health topics, eating disorders, etc. during these group sessions.

**Why:**      Provides a space for members to discuss potentially difficult sexual and gender-related issues in a supportive environment with others who have experienced similar issues and resulting feelings.

Encourages members to think about issues associated with dating and help ensure that they understand how their past experience may influence their future attitudes.

**When:**      As needed. Generally every few weeks during day treatment and re-entry. Gender group sessions usually last about 3–4 hours.

**Responsible:**      Clinical Staff  
Individual Members

## **Section 5.3.1: Day Treatment and Re-Entry Therapeutic Elements: Group Therapy**

**Type of Service:** SPECIAL GROUP

**Description:** If needed, special groups may be called between members and their families or members and other significant people in their lives. These groups are arranged under special circumstances when there is a specific subject, vital to members' treatment progression, that they would like to discuss with selected individuals. The group is moderated by the Brooklyn center program director or the executive director and may be attended by an additional clinical staff member. The issue at hand is addressed by the member and discussed by all present in the group. If possible, strategies for improved future communication are worked out during the special group.

**Why:** Provides a structured moderated format for members to discuss serious interpersonal issues with significant people in their lives. Provides members and others in the special group with program staff support.

Helps eliminate communication barriers and change negative patterns of communication.

**When:** Special groups are arranged by staff as needed. Either members or their family members may request a special group. Most members participate in at least two special groups during their tenure in day treatment and re-entry.

**Responsible:** Individual Members  
Member's Family and/or Significant Other People  
Brooklyn Center Program Director  
Executive Director

## **Section 5.3.2: Day Treatment and Re-Entry Therapeutic Elements: Additional Counseling Services**

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

**Description:**       One-to-ones at the Brooklyn center closely resemble those at the residential center. Members may request to speak to a specific clinical staff member if they have an issue they would like to address, or a clinical staff member may choose to address a specific issue with individual members. Day treatment and re-entry members often assess their own need to talk with a staff member, and often request one-to-one sessions on their own. Topics covered in one-to-one counseling sessions vary depending on members' individual needs and concerns but may include family issues, dealing with the desire to use drugs, personal relationships, behavior patterns within treatment, past personal experiences and resulting personal issues, and worries about education or medical issues, etc. One-to-one sessions take place in clinical staff members' offices. The program director and assistant director assign clinical staff members to give one-to-one counseling to individual members, taking into account members' preferences and staff members' rapport with certain members.

**Why:**                 Provides an opportunity for members to address specific personal issues with a clinical staff member.

Ensures that members talk about problems, goals, successes, and fears with clinical staff members on a regular basis.

Provides space for members to gain an understanding of themselves and promotes individual change.

**When:**               Members receive one-to-ones at least 2 times per week.  
One-to-ones generally range from 30 minutes–1 hour.

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



## **Section 5.3.2: Day Treatment and Re-Entry Therapeutic Elements: Additional Counseling Services**

<b>Type of Service:</b>	<b>TALKING TO/SPOKEN TO</b>
<b>Description:</b>	Members receive talking to's or spoken to's during day treatment and re-entry for much the same reasons they do at the residential center. During a talking to, staff firmly but kindly explain to the members why specific actions and attitudes are inappropriate so that the members may prevent them from occurring again. Talking to's occur when therapeutically relevant and take place in staff offices.
<b>Why:</b>	Members don't always realize that they have behaved incorrectly. Sometimes these actions must be pointed out.  Reminds members that their actions affect others.  Encourages members to examine their own behavior and monitor their future actions.
<b>When:</b>	As needed, but less frequently than at the residential center. Talking to's/spoken to's last approximately ½ hour.
<b>Responsible:</b>	Clinical Staff Members Brooklyn Center Program Director

## **Section 5.3.2: Day Treatment and Re-Entry Therapeutic Elements: Additional Counseling Services**

**Type of Service:** CONFRONTATION

**Description:** Confrontations are similar to encounter groups in that they draw attention to changes in an individual member's recent behavior or apparent actions that go against program rules. Confrontations, however, take place outside of group and consist of a staff member, the member being confronted and several of the member's peers. Confrontations can also be more intense than regular encounter groups both because the subject matter is generally more serious and because of the intimate nature of the setting.

**Why:** Ensures that individual members understand that others notice changes in their behavior and that their peers and staff are concerned about them.

Provides space for in-depth discussion of one particular situation.

**When:** As needed.

**Responsible:** Clinical Staff Member  
Individual Members

## **Section 5.3.2: Day Treatment and Re-Entry Therapeutic Elements: Additional Counseling Services**

<b>Type of Service:</b>	<b>“HAIRCUT” (VERBAL REPRIMAND)</b>
<b>Description:</b>	Because they have been in the program for longer and have internalized DYC rules more thoroughly, members at the Brooklyn center tend to receive fewer haircuts than do members at the residential center. Haircuts are usually given to day treatment and re-entry members who have, due to carelessness or inattention, let other program members or staff members down. Examples of transgressions which might result in haircuts are: forgetting to call a new member at home in the evening, not using common sense while working on a work crew, not performing tasks or duties to the best of one’s ability, not taking responsibility for one’s own actions. Haircuts serve as tools to help members understand and learn from their mistakes. Staff realize that everyone makes mistakes, but when jobs or tasks are preformed carelessly, irresponsibly, or without thought, these behaviors are pointed out to members so that they can be changed.
<b>Why:</b>	Ensures that members understand and think about irresponsible and/or careless behavior.  Helps members understand how their actions affect the entire community and helps members realize that others in the community are counting on them.
<b>When:</b>	When therapeutically necessary. Haircuts are generally 10–15 minutes long.
<b>Responsible:</b>	Clinical Staff Members Brooklyn Center Program Director or Assistant Program Director

## Sections 5.3.1 and 5.3.2 Key Points Summary

### Key Points Summary

- Day treatment and re-entry groups are run much like groups at the residential center but tend to be less confrontational and focus more on the members' day-to-day issues.
- Encounter groups are based in part upon dropped slips, but problems between members in day treatment and re-entry are often resolved outside of group therapy sessions.
- Static groups during day treatment are held every Wednesday and group composition changes every 8 weeks. Members tend to focus on problems associated with the increased responsibility and pressures they face in day treatment and re-entry.
- Topic groups focus on shared issues such as abuse, adoption, or sexual orientation. Staff may call a topic group session if it is evident that several members are facing the same types of issues.
- Members attend 16 parent-child group sessions at least once during day treatment and re-entry and in some instances during phase-ambulatory. Parent-child group sessions are held on Wednesday nights during parents' group sessions, and discussion centers around parent-child conflict and communication.
- Extended groups at the Brooklyn center have the same format as at the residential center. Extended group sessions may last beyond the regular treatment day.
- Gender groups are held more often at the Brooklyn center because members tend to encounter more issues of sexuality, dating, and socializing with members of the opposite sex while living at home in New York City.
- Members in day treatment are more in tune with their own treatment needs and are therefore better able to request one-to-ones from staff when they feel the need to address a particular issue. Staff still call one-to-ones with individual members at least twice a week if members don't request them.
- Talking to's and confrontations occur at the Brooklyn center, but not as often as they do at the residential center. Haircuts (verbal reprimands) are generally given less frequently as well.

### Section 5.3.3: Therapeutic Elements: Behavior Modification

<b>Type of Service:</b>	<b>LEARNING EXPERIENCES/CONTRACTS</b>
<b>Description:</b>	Members receive learning experiences at the Brooklyn center when they break a DYC House or Cardinal Rule (outlined in <b>Appendix B</b> ). Learning experiences (described in detail in Section 4.3.3) serve as a teaching tool and help members understand their negative or inappropriate behavior patterns. Members are encouraged to break negative behavior patterns, especially when these patterns represent their former drug-using culture or lifestyle, and to examine their own behavior and make changes in their lifestyle where appropriate. Learning experiences and the reasons for them are explained by a clinical staff member in full at the time they are assigned to individual members.
<b>Why:</b>	<p>Encourages members to understand and take responsibility for their own behavior.</p> <p>Encourages members to examine their attitudes toward life and toward treatment.</p> <p>Reminds members that their actions and behaviors affect others in the community.</p> <p>Ensures that members understand that breaking program rules is not tolerated at DYC.</p> <p>Ensures smooth functioning of the house.</p>
<b>When:</b>	<p>As needed, when a transgression occurs.</p> <p>Learning experiences usually last from several days to a week at the Brooklyn center.</p>
<b>Responsible:</b>	Brooklyn Center Program Director Brooklyn Center Assistant Program Director Clinical Staff Members

### Section 5.3.3: Therapeutic Elements: Behavior Modification

**Type of Service:** CLOSED HOUSE

**Differences:** Closed house in the Brooklyn center is called for the same reason as at the residential center—poor attitude and/or poor functioning among members in the house. During closed house at the Brooklyn center, members are not allowed to leave their parents' homes except for traveling to and from the center (if members are in re-entry, they may still attend school and/or work). Privileges and *trips* are revoked during a closed house, and trips to the residential center are temporarily banned. Usually members are removed from their regular work crews and placed on the service crew or a small kitchen or clerical crew to preserve house functioning. In addition, *general meetings* are typically called during a closed house, during which members are encouraged to discuss their role in creating a culture which needed a closed house. If the closed house addresses a specific problem (e.g., cliques within the Brooklyn center), additional rules and structure may be instated for the duration of the closed house.

**Why:** Removes distractions so that members may focus more on the community and treatment. Gives members time to recommit to their treatment.

Provides space for members to think about their treatment progression and assess their own mistakes.

Calls attention to larger problems within the house.

Allows staff to reorganize the community culture when problems arise and ensure smooth functioning of the Brooklyn center.

**When:** When staff determines a closed house is therapeutically necessary, generally twice a year.  
Closed houses at the Brooklyn center typically last a few days, but may last up to 2 weeks if necessary.

**Responsible:** Clinical Staff Members  
Brooklyn Center Program Director  
Executive Director

**Quotation:** **Interviewer:** What happens in a closed house?  
**Henri:** No privileges. Like this closed house is more like, more about the concern level for people, for each other, that we weren't showing. And being there for people. That's what it is. Like there was *guilt*, there was a lot of guilt. But that's what they try to show us and teach us. That we didn't have concern for each other. Everybody was out doing their own thing. Worrying about themselves and not the next person..... Last closed house I felt worse than this one. Because I had a lot of guilt in the last closed house.  
*Henri, Re-Entry*

## Section 5.3.3: Therapeutic Elements: Behavior Modification

**Program**

**Procedure:** SPLITTING FROM THE BROOKLYN CENTER

**Differences:**

Because members are no longer in a secluded location and return home every night while attending treatment at the Brooklyn center, they may decide to split by simply leaving the building or by no longer attending treatment. If members split without warning, staff call them and their families to discuss the reasons for, and consequences of, their decision. If the members had previously been functioning well in treatment and shown commitment to the program, staff make an added effort to determine what the members' reasons were for splitting. Often, members split for reasons unrelated to treatment and need extra support. If staff determine that this is the case, they help members decide what is in their best interest and aid their return to the program, if necessary.

Protocol for reinstatement into the program after a split is the same as at the residential center. Members who split and return within 3 days must contact clinical staff to discuss their desire to return to treatment. Members who split and return after 3 days must re-enroll in the NYC program; they may lose all privileges previously earned in the program, and may be reassigned to different work crews. In addition, members who split and return may have to complete a learning experience or a week on a bum squad.

**Why:**

Ensures that members have thought about the consequences of leaving the program and have had the opportunity to discuss their decision with clinical staff.

Allows members the opportunity to return to NYC after they have split while ensuring that they recognize the consequences of their decisions.

**When:**

When a member at the Brooklyn center splits.

**Responsible:**

Clinical Staff  
Brooklyn Center Program Director  
Executive Director

**Quotation:**

I wasn't dealing with my problems. And I just left. And I was like, "Screw this. I need to get out of this place." And then everyone was calling my house to find out what I was gonna do. And then finally I got on the phone with Nadine <staff>. And I'm like, "I'm screwed up. I need to come back in. I'm embarrassed because I made such an asshole of myself." And she was like, "It's all right. Come in. Come talk." And then I came in and I talked. And that was it. Like I left in the morning, came back at night.

*Heidi, Re-Entry*

## Section 5.3.3 Key Points Summary

### Key Points Summary

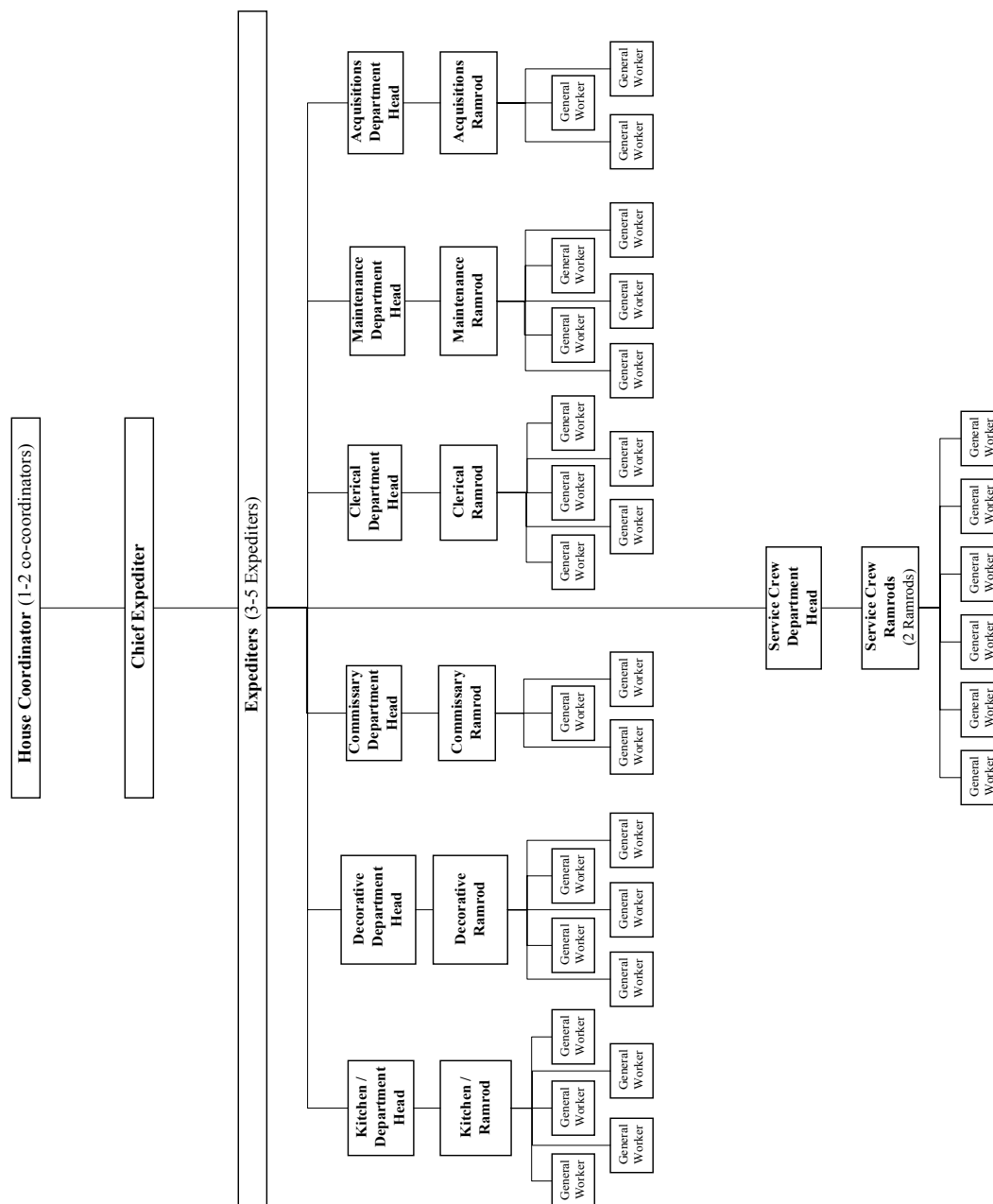
- Learning experiences are assigned at the Brooklyn center if a member has broken a House or Cardinal rule, or when members return from splitting. The types of learning experiences given are the same as at the residential center.
- When staff declare a closed house at the Brooklyn center, members' privileges and free time are strictly curtailed and extra focus is placed on members' treatment. Members may not leave their parents' houses without staff approval during a closed house. Closed houses can last up to 2 weeks.
- If members split from the Brooklyn center, staff contact the members and the members' parents to discuss the reasons for and consequences of splitting.
- Protocol for reinstatement into the program after splitting is the same as at the residential center.



### Work Therapy at the Brooklyn Center

Work therapy at the Brooklyn center is structured similarly to work crews at the residential center. Members are assigned to service crew for their first few months at the Brooklyn center and then transfer to one of the center’s other work crews. Work crew hierarchy utilizes the same structural format, with house co-coordinators at the top followed by the expediter crew chief, members of the expediter crew, department heads of other crews, ramrods, and general workers. Similar to residential center crew changes, members may ask for job and authority position changes or they may be assigned job and authority position changes by staff for therapeutic reasons. All day treatment and re-entry members participate in the work crew structure.

**Work Crew Structure Chart**



## Section 5.3.4: Therapeutic Elements: Work Therapy

**Type of Crew:** SERVICE CREW

**Description:** Service crew responsibilities at the Brooklyn center are similar to service crew responsibilities at the residential center. Crew members spend their work crew time sweeping, vacuuming, and mopping the center's floors; dusting the center's furniture, walls, and tables; preparing the main meeting room for meals and setting the tables; cleaning the center's bathrooms (when no one is on a *bum squad* or a *learning experience*); emptying the trash; and ensuring a general tidy appearance throughout the Brooklyn center. Service crew members are usually recently transitioned day treatment members, but may occasionally include re-entry members as well. Once members have worked on the Brooklyn center service crew for 1 to 2 months and feel comfortable at the center, they may request to be transferred to another work crew.

**Why:** Alleviates the stress of work crew responsibilities on recently transferred day treatment members so that they may concentrate on becoming accustomed to the Brooklyn center.

Allows members to give back to the community and provides them with a sense of pride in their work and in their surroundings.

Helps ensure that the Brooklyn center property is always clean and orderly.

Teaches how to perform basic household chores that will be useful when they move out of their parents' homes and live in their own apartments in the future.

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

**Responsible:** Service Crew Department Head  
Service Crew Ramrods  
Service Crew Staff Coordinator  
Individual Service Crew Members

**Quotation:** **Interviewer:** What was it like going to the transition from upstate to coming down here?

**Ethan:** Once you're chief expediter upstate, coming down here is like a blessing. Like you've never been so happy to clean a toilet again. <Upstate> I have to be accountable for 70 people plus 9 staff members. Just like of whereabouts, what they're doing, why they're doing it. ....When you come down here, you're on service crew again, it's just like, "Aah." 'Cause it gets stressful up there.

*Ethan, Day Treatment*

## Section 5.3.4: Therapeutic Elements: Work Therapy

**Type of Crew:** DECORATIVE CREW

**Description:** The Brooklyn center decorative crew functions similarly to the residential center's house beautification crew. Members on the decorative crew are responsible for updating and maintaining the center's artwork, walls, and facade. Decorative crew members paint and stencil artwork on the center's walls, create posters and paintings, water the center's plants, maintain and update curtains and miniblinds in the center, clean the center's front sidewalk and facade, pick up trash in front of the center, and generally ensure that the center is presentable both inside and outside. The decorative crew's members may also help choose new furniture for the center when needed.

**Why:** Teaches members basic home repair and decorating techniques and provides an opportunity to express artistic talents and display personal artwork.

Provides members with an opportunity to give back to the community.

Encourages members to take pride in their work and in the treatment center environment.

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

Members may serve on the decorative crew after they have been at the Brooklyn center for at least 1 month. Members may either request to transfer to the decorative crew or may be assigned to decorative crew by staff members for therapeutic reasons.

**Responsible:** Decorative Crew Department Head  
Decorative Crew Ramrods  
Decorative Crew Staff Coordinator  
Individual Decorative Crew Members

**Quotation:** Then we learn every day, every day we learn new things. We run our own kitchen, we take care of our data that goes on, all the information, all the people come in, people go out. We come in, we go out, everything, all the members take care of. Then maintenance work around the house...I'm on decorative crew, that's my job, I'm the leader of that crew. We take care of the picture frames, the plaques, the plants, things like that. Like making the house look nice. Then, a service crew cleans, like there's everything. You learn things every day. Everything you do, you learn. This is like a big school. We learn, every day, about life. That's how I look at it.

*Holden, Re-Entry*

## Section 5.3.4: Therapeutic Elements: Work Therapy

<b>Type of Crew:</b>	<b>MAINTENANCE CREW</b>
<b>Description:</b>	Maintenance crew members help with the Brooklyn center's remodeling projects and maintain the building's facilities. Crew members make minor necessary plumbing, electrical, and wall repairs under the supervision of the maintenance crew staff coordinator. In addition, maintenance crew helps install sheetrock, measure walls, install new light fixtures, and replace center doors when needed. Maintenance crew members also make minor repairs to the center's building and facade when necessary.
<b>Why:</b>	<p>Gives members an opportunity to give back to the community and encourages members to take pride in their work.</p> <p>Encourages members to utilize vocational skills they learned on maintenance crew at the residential center and provides members with useful skills and trades as they prepare to obtain part-time employment during re-entry.</p>
<b>When:</b>	<p>During regular work crew hours.</p> <p>Members may serve on maintenance crew after they have been at the Brooklyn center for at least 1 month. Members may either request to transfer to the maintenance crew or may be assigned to maintenance crew by staff members for therapeutic reasons.</p>
<b>Responsible:</b>	Maintenance Crew Department Head Maintenance Crew Ramrods Maintenance Crew Staff Coordinator Individual Maintenance Crew Members

## Section 5.3.4: Therapeutic Elements: Work Therapy

<b>Type of Crew:</b>	<b>ACQUISITIONS CREW</b>
<b>Description:</b>	<p>The acquisitions crew is responsible for soliciting donations from local businesses. DYC receives many of its renovation supplies (paint, nails, etc.) and paper products as donations from area businesses. Members on the acquisitions crew contact businesses that may have contributed in the past or that might be interested in contributing and ask for donations in the form of supplies or money. Donations made by local businesses go toward running both the residential and Brooklyn centers. Members on the acquisitions crew are responsible for tracking their successful and unsuccessful phone calls, and for sending information about the program and the program's needs to local businesses. Crew members are also responsible for coordinating delivery and pickup of items donated by local businesses and for tracking these items once they reach the Brooklyn center.</p>
<b>Why:</b>	<p>Introduces members to good public speaking skills, persuasive communication skills, and good phone etiquette, all of which are valuable in any work environment.</p> <p>Teaches members organizational and fundraising skills.</p> <p>Provides members with an opportunity to give back to the DYC community.</p>
<b>When:</b>	<p>During regular work crew hours.</p> <p>Members may serve on acquisitions crew after they have completed at least 1 month at the Brooklyn center. Members may either request to transfer to the acquisitions crew or may be assigned to acquisitions crew by staff members.</p>
<b>Responsible:</b>	<p>Acquisitions Crew Department Head Acquisitions Ramrods Acquisitions Crew Staff Coordinator Individual Acquisitions Crew Members</p>
<b>Quotation:</b>	<p>I mean it's hard. I mean, you know, you can make 20 or 30 phone calls in a day and you're lucky if you're sending info to 1 or 2. But, you know what, you make so many phone calls that there's still a lot of people out there that do donate. You know. And it's making our program run. So, it's enough that...there's enough people out there. It's just whether if you catch them or not.</p>

*Isaac, Re-Entry*

## Section 5.3.4: Therapeutic Elements: Work Therapy

<b>Type of Crew:</b>	<b>CLERICAL CREW</b>
<b>Description:</b>	Like residential center clerical crew members, Brooklyn center clerical crew members are responsible for maintaining the center's records and logs. Crew members record members' and staff members' whereabouts during the hours the center is open. They also document disciplinary actions, greet and log visitors to the center, answer the center's phones, and monitor the front desk when the center's receptionist is on a break, at lunch, or off work. In addition, clerical crew members type the weekly master trip lists and maintain the center's paperwork on 2 computers provided for crew members' use. On Wednesday nights, clerical crew members keep track of parental attendance at parents' meetings and parents' group sessions.
<b>Why:</b>	<p>Teaches members organizational and clerical skills useful for employment outside of NYC and provides members with the opportunity to learn and practice good phone skills and etiquette.</p> <p>Provides members with the opportunity to learn computer skills and practice typing.</p> <p>Encourages members to take pride in their work and teaches them accountability and responsibility.</p> <p>Provides members with an opportunity to give back to the community.</p>
<b>When:</b>	<p>During regular work crew hours.</p> <p>Members may serve on the clerical crew after they have completed at least 1 month at the Brooklyn center. Members may either request to transfer to the clerical crew or may be assigned to clerical crew by staff members for therapeutic reasons.</p>
<b>Responsible:</b>	<p>Clerical Crew Department Head Clerical Crew Ramrods Clerical Crew Staff Coordinator Individual Clerical Crew Members</p>

## Section 5.3.4: Therapeutic Elements: Work Therapy

**Type of Crew:** KITCHEN CREW

**Description:** Kitchen crew members at the Brooklyn center are responsible for planning, preparing, and serving the center's daily noon meals and Wednesday evening meal. Because the Brooklyn center does not employ a chef, kitchen crew members must help the staff crew coordinator plan well-balanced, nutritious meals. Kitchen crew members perform all aspects of meal preparation and must meet sanitary health codes. Crew members are also responsible for washing the center's dishes and pots and pans. In addition, kitchen crew members are responsible for maintaining the kitchen's cleanliness. Members who have communicable diseases such as Hepatitis C are not prohibited from working on the kitchen crew, but they may not work directly with food and must limit their tasks to cleaning the kitchen and the commissary area.

**Why:** Provides members with the opportunity to learn and practice vocational skills related to food preparation and food management.

Ensures that members know how to cook and are able to create nutritious and well-balanced meals.

Teaches members responsibility and accountability.

Provides an opportunity for members to give back to the community.

Provides an opportunity for members to take pride in and receive compliments on their work.

**When:** During regular work crew hours and before and after lunch. Members may serve on the kitchen crew after they have completed at least 1 month of treatment at the Brooklyn center. Members may either request to transfer to the kitchen crew or may be assigned to kitchen crew by staff members for therapeutic reasons.

**Responsible:** Kitchen Crew Department Head  
Kitchen Crew Ramrods  
Kitchen Crew Staff Coordinator  
Individual Kitchen Crew Members

## Section 5.3.4: Therapeutic Elements: Work Therapy

**Type of Crew:** COMMISSARY CREW

**Description:** Commissary crew members at the Brooklyn center are responsible for ordering and stocking all of the center's necessary food supplies. Under the direction of the staff coordinator, crew members order fruit, vegetables, meat, dairy, and other food items from distributors and track the food's arrival. Commissary crew members are responsible for ensuring that the food is of good quality and that no expired food is located on the commissary shelves. Commissary crew members maintain the center's 2 food and supply store rooms and help clean the kitchen when necessary. In addition, crew members also ensure that the center's soda machine is fully stocked; the center's 3 water coolers are full; cups are stocked next to the coolers; and coffee, cream, and sugar are always available for visitors to the center.

**Why:** Provides an opportunity for members to learn how to interact with professional businesses and distributors. Encourages members to maintain good recordkeeping skills and to evaluate price and quality when ordering food.

Provides members with the opportunity to learn and practice vocational skills related to food preparation and food management.

Teaches members organizational skills and responsibility and encourages members to take pride in their work.

Ensures that food at the Brooklyn center is always fresh and in stock.

Provides an opportunity for members to give back to the community.

**When:** During regular work crew hours and before lunch. Members are eligible to serve on the commissary crew after they have completed at least 1 month in the Brooklyn center. Members may either request to transfer to the commissary crew or may be assigned to commissary crew by staff members for therapeutic reasons.

**Responsible:** Commissary Crew Department Head  
Commissary Crew Ramrods  
Kitchen Crew Staff Coordinator  
Individual Kitchen Crew Members



## Section 5.3.4: Therapeutic Elements: Work Therapy

**Type of Crew:** EXPEDITER CREW

**Description:** Expediter crew members are responsible for ensuring that all work crews at the Brooklyn center are functioning smoothly and that all members are accounted for during the treatment day. Expediter crew members oversee the center's daily activities and log any inconsistent behavior that members exhibit. Expediter crew members are also responsible for performing member runs and conducting member counts before each house meeting.

**Why:** Encourages members to practice good supervisory skills and helps members develop management skills useful for obtaining employment after they have completed DYC.

Teaches members organizational skills and holds members accountable for mistakes.

Provides members with an opportunity to give back to the community and encourages members to take pride in their work.

**When:** During regular work crew hours and at all house meetings. Members may serve on the expediter crew once they have demonstrated responsibility and maturity within the Brooklyn center. Members may either request to transfer to the expediter crew or may be assigned to expediter crew by staff members for therapeutic reasons.

**Responsible:** House Coordinator or Co-coordinators  
Chief of the Expediter Crew  
Individual Expediter Crew Members

## Section 5.3.5: Therapeutic Elements: House Meetings

**Type of Service:** HOUSE MEETINGS

**Description:** House meetings at the Brooklyn center occur 3 times a day, in the morning when members arrive at the center and before the day's activities, just after lunch, and each evening before members leave the center and return to their parents' homes. House meetings essentially function the same at the Brooklyn center as they do at the residential center and are composed of similar elements. Members perform skits; make announcements; give pull-ups; discuss a daily reading; and say the philosophy, program creed, and program cheer. Staff make announcements about the days' activities, provide information about activities going on in the house, and discuss upcoming field trips and other relevant issues. (For more information on individual elements of house meetings, please see Section 4.3.5).

**Why:** Ensures that members begin and end their day at the Brooklyn center in a positive and productive format. Allows members to ease into the treatment day in the mornings and summarize the treatment day in the evenings. House meetings bring the community together at the beginning and end of each day and allow space for members to reflect upon their treatment day before they return to their parents' homes each evening.

Provides space for members to share their accomplishments with everyone in the house and provides an outlet for creativity and self-expression.

Provides a format for members to receive information about the days' activities.

**When:** Monday-Friday at 9:30 a.m., briefly after lunch each day, and Monday-Friday evenings before members leave the center for the day. Morning and evening meetings last approximately 1 hour. Afternoon meetings generally last 5–15 minutes.

**Responsible:** Clinical Staff  
Brooklyn Center House Chief

## Section 5.3.5: Therapeutic Elements: House Meetings

**Type of Service:** REFLECTIONS

**Description:** Each Friday afternoon, before group therapy, members and clinical staff attend reflections. During reflections, members are encouraged to think about their week both in treatment and at home and to share their accomplishments, fears, disappointments, and successes with the community as a whole. While members are “reflecting,” their peers should not make comments or discuss what has been said. When individual members have finished with their reflections, they sit and another member stands up and begins to speak. Participation in reflections is encouraged but is voluntary; however, most members choose to share during reflections each week. Reflections serve to unite the community, help members process their week in treatment, and recognize members’ personal achievements before they head home for the weekend.

**Why:** Provides a space for members to talk about and reflect upon their accomplishments within the program and in their own lives. Gives members an opportunity to discuss their personal goals, talk about their disappointments, and ask for help and understanding from their peers and clinical staff.

Encourages members to trust and rely upon their peers and clinical staff.

Encourages public speaking skills.

Brings the community together and helps members bond before they head their separate directions for the weekend.

**When:** Every Friday afternoon before group therapy from 2:30–3:30 p.m.

**Responsible:** Individual Members  
Clinical Staff Members  
Executive Director

**Quotation:** Reflections is at the end of the week, where you take some time out of the day to stand up and tell the family how the past week has been for yourself. It can be about some things you have accomplished for yourself, things you need to do for yourself, things that didn’t work out your way, that you can take a look at to change for the next week, you can talk about anything that means something to you.

*Zaren, Day Treatment*

## Sections 5.3.4 and 5.3.5 Key Points Summary

### Key Points Summary

- Newly transferred members from the residential center begin their work crew assignments on the service crew and generally stay on the service crew for at least 1 month.
- The decorative crew functions similarly to the house beautification crew at the residential center.
- Maintenance crew members mainly complete minor remodeling and repair work at the Brooklyn center.
- The acquisitions crew is responsible for soliciting donations from local businesses in the form of supplies for the 2 centers.
- The clerical crew is responsible for keeping logs on staff and members' whereabouts, greeting visitors, typing up the weekly master trip lists, maintaining paperwork, and logging parental attendance on Wednesday nights.
- The Brooklyn center's kitchen crew is led by a staff coordinator and department head and is responsible for making lunch 5 days a week and dinner on Wednesdays. The commissary crew is responsible for keeping track of the center's food supplies and ordering the correct ingredients for upcoming meals.
- The expediter crew is responsible for ensuring that all aspects of the house are functioning and running smoothly.
- House meetings at the Brooklyn center occur 3 times a day and allow members to begin and end their day together.
- Reflections occur every Friday afternoon at the Brooklyn center and provide time for individual members to look back upon the week's events and reflect upon their individual accomplishments, disappointments, and future goals.

# Section 5.4: Additional Brooklyn Center Elements

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## Section 5.4.1: Additional Elements: Education

**Type of Service:** VOCATIONAL COUNSELING

**Description:** Upon transfer from residential treatment to day treatment, members begin to receive weekly vocational counseling. Members meet individually with the Brooklyn center's full-time vocational counselor to discuss future career and educational goals. Topics that may be discussed are plans for future employment, preparation of applications to colleges or technical schools, or the possibility of re-entry into a local high school. Members are encouraged to begin thinking about their re-entry into society and to create plans for their own futures. The vocational counselor assists members in assessing future educational and career goals, writing resumes, learning interview techniques, and fostering beneficial job-related skills. In addition, she assesses the members' skills, educational level, aptitudes, abilities, traits, interests, potential, and desires and helps the adolescent develop a treatment plan to achieve short-term and long-term goals.

The vocational counselor periodically designs and conducts practical occupational and educational workshops to expose members to a wider range of potential career and educational opportunities. The vocational counselor also helps members obtain necessary employment-related documents including identification cards, work permits, driver's licenses, birth certificates, and Social Security cards.

**Why:** Encourages members to think about their goals, dreams, and plans for the future and provides guidance on how to achieve those plans. Encourages members to assess their talents and desires and make informed decisions about their life goals.

Prepares members for the task of finding a job or returning to school during the re-entry stage of treatment.

Prepares members, many of whom have never been employed, for eventual self-sufficiency.

**When:** Upon transfer to the Brooklyn center and weekly during day treatment. During day treatment, members typically receive 1–2 hours of vocational counseling per week.

**Responsible:** Vocational Counselor  
Individual Members

## Section 5.4.1: Additional Elements: Education

<b>Type of Service:</b>	<b>EDUCATIONAL SERVICES AT THE BROOKLYN CENTER</b>
<b>Description:</b>	Members who wish to obtain their high school diploma from NYC or who still need to obtain their GED attend classes at the Brooklyn center beginning within 1 week of their transfer to day treatment. The Brooklyn center is provided a certified teacher by the New York City Board of Education. Traditional high school subjects are still offered for members who wish to earn a high school diploma through NYC. However, Brooklyn center members have the option to return to local high schools, and some members who are interested in high school diplomas take this route. Other members who attend school at NYC are interested in obtaining a GED. Members who are eligible for either a high school diploma through NYC or a GED attend classes 3–4 hours a day 5 days a week and are assigned nightly homework. Usually summer school classes are offered at the NYC Brooklyn center as well. All classes are held in the Brooklyn center’s classroom.
<b>Why:</b>	<p>Prepares members for an eventual return to high school, college, or other educational pursuits.</p> <p>Allows those members who cannot or do not wish to return to high school the means to obtain a high school diploma or GED, a requirement for graduation from the program.</p> <p>Adds structure to the members’ day.</p> <p>Provides more personal attention than a regular school setting.</p> <p>Encourages members to take pride in their educational achievements.</p>
<b>When:</b>	Monday–Friday, 3–4 hours per day in the morning and/or afternoon.
<b>Responsible:</b>	New York State Board of Education Certified Teacher



## Section 5.4.1: Additional Elements: Education

**Program**

**Procedure:** RETURN TO LOCAL HIGH SCHOOLS

**Description:** Members may return to high school if they are of an appropriate age, express the desire, and are at the correct educational level. Members who return to high school take 2 to 4 high school courses, scheduled in the mornings or on Tuesday and Thursday afternoons. School officials and NYC staff work together to modify members' treatment and scholastic schedules to ensure the most therapeutic and feasible daily schedule. Members are expected to travel straight from school to the center, or the center to school, and are expected to participate in all key center activities, including group therapy sessions.

Because of the relatively easy access to substances of abuse in local school settings, many NYC members choose to pursue high school diplomas through NYC or to take GED exams and attend local community colleges during later program stages. Members who do choose to return to local high schools are given added support by clinical staff and counseled on issues which may arise from a return to a school setting and easy access to drugs and drug-using peers.

**Why:** Allows members to complete their high school education and receive a diploma from a local high school.

**When:** Upon transfer to Brooklyn and day treatment, where appropriate. Otherwise, upon transition to re-entry. Individual schedules are worked out with the members and school officials to ensure enough time for both school and treatment.

**Responsible:** Clinical Staff Members  
Vocational Counselor  
Individual Members

**Quotation:** Like the first day when I started summer school, I threw up in front of the school. In front of everybody, I puked. I got really sick. I came to the center crying. I said, "I'm never going to school again. Forget it, I'm taking my GED, I don't care." So Dave <staff> said, "Okay, you have 2 options. You either go to school yourself tomorrow, or I'll be driving you to school." And like sometimes you need that. He's like, "It's not so bad. Talk to me in like a week." And a week later I was like, "Yeah, it's not so bad."

*Gloria, Day Treatment*

## Section 5.4.1: Additional Elements: Education

**Type of Service:** SEMINARS

**Description:** Seminars take place at the Brooklyn center on Tuesday and Thursday afternoons. Seminar topics may encompass current events, educational, emotional, vocational, historical, cultural, health-related, and life skills themes. Seminars are run by clinical staff, guest speakers, and members when appropriate. Topics vary from interactive games and activities to lectures and presentations and usually center around themes which are relevant for day treatment and re-entry members such as work and independent living skills, interpersonal relationships and dating, and coping with difficult situations. Seminar topics vary according to speaker availability and member needs. Certain seminars (such as HIV and HCV awareness) are repeated twice per year to ensure that all members participate in several occurrences of these key seminars.

Examples of current topics include: lectures and discussions led by DYC alumni, employment-related issues, coping with current events such as September 11<sup>th</sup>, 2001, understanding topics in the news, activities to combat racism and promote cultural diversity, vocational skills, life-related skills (e.g., balancing checkbooks, filling out tax forms, understanding the voting process, time management, and independent living), and understanding and promoting healthy interpersonal relationships. In the rare occurrence that no seminar is planned for a given Tuesday or Thursday, members perform work crew chores in place of that day's seminar.

**Why:** Encourages members to understand and participate in societal concerns.

Encourages creative thinking and analysis of important cultural issues.

Provides members with needed skills to combat difficult life- and employment-related situations.

Encourages members to actively participate in civic duties.

**When:** Tuesday and Thursday afternoons.

Length of seminars varies based on content, usually 1–3 hours.

**Responsible:** Clinical Staff Members  
Brooklyn Center Program Director  
On Occasion, Individual Members

## Section 5.4.2: Additional Elements: Recreation Inside Center

**Program**

**Procedure:** BROOKLYN CENTER GYMNASIUM

**Description:** The Brooklyn center gymnasium is located on the second floor of the Brooklyn center building. Members and staff utilize the gymnasium during free time to play organized sports such as kickball, basketball, indoor soccer, and other staff-approved activities. Occasionally, staff organize structured group athletic and educational activities in the gymnasium during seminars.

**Why:** Encourages members to learn how to win and lose graciously.

Builds relationships between members and staff outside of traditional therapeutic activities.

Provides members with an athletic outlet and encourages teamwork.

Promotes exercise and healthy living.

**When:** During members' free time at the Brooklyn center.

**Responsible:** Clinical Staff Members  
Individual Members

## Section 5.4.2: Additional Elements: Recreation Inside Center

**Type of Service:** MEALS

**Description:** At the Brooklyn center, NYC offers lunch Monday through Friday. Meals are planned and supplies are ordered by members of the kitchen crew. The Brooklyn center does not employ a chef, so the kitchen crew staff coordinator reviews the weekly menu for appropriate nutritional content and to ensure the meals provide a balanced diet. The kitchen crew cooks and serves the meal and cleans up after the meal as part of their work crew functions. Dinner is also served on Wednesday nights before parents' night because members do not return home between their treatment day and the parents meeting.

**Why:** Provides time for relaxation and socializing.

Provides a meal for members in a safe and secure environment.

Ensures that members get proper nutrition while attending the center.

**When:** Lunch: Noon–1:00 p.m., Monday–Friday.  
Dinner: 6:00 p.m., Wednesday nights.

**Responsible:** Kitchen Crew  
Staff Crew Coordinator  
Other Clinical Staff Members

## Section 5.4.2: Additional Elements: Recreation Inside Center

**Type of Service:** SUMMER FIELD TRIPS

**Description:** During the summer months, when regular school is not in session, NYC hosts recreational field trips to local destinations. Examples of these field trips include a trip to the beach, an amusement park, or a museum. Field trips may include day treatment and/or re-entry members and are planned prior to the beginning of summer. All day treatment members are eligible to participate in these activities dependent upon their personal schedules and provided they are not on a learning experience or other disciplinary action. Parental permission is not required for individual field trips because a general consent form to participate in all activities is submitted at the members' admission to NYC.

**Why:** Introduces members to constructive drug-free activities and teaches them how to have fun in a drug-free environment.

Provides time for structured recreation and furthers social bonding among peers. Also provides a fun break from the normal treatment routine.

Furthers members' knowledge of the world around them and promotes an interest in history and the arts.

**When:** Staff creates a summer field trip schedule prior to the start of the season. Field trips typically last all day.

**Responsible:** Clinical Staff Members

## Section 5.4.2: Additional Elements: Recreation Inside Center

**Type of Service:** PROGRAM PETS

**Description:** There are 2 cats in residence at the Brooklyn center. Members are responsible for feeding and cleaning up after them and monitoring their whereabouts. There is also a fish tank. Members are responsible for feeding the fish and periodically cleaning the tank.

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

**When:** Daily.

**Responsible:** Individual Members  
Clinical Staff Members

## Section 5.4.3: Additional Elements: Recreation Outside Center

**Type of Service:** TRIPS

**Description:** Trips are pre-planned, structured weekend outings consisting of 3 to 8 members. Day treatment and re-entry members are required to go on 3 trips per week with their peers, with a minimum of 2 trips occurring on the weekends. Trips usually include going to the movies, the beach, museums, out to eat, someone's house, the mall, a sporting event, or a concert. Trips are generally limited to 6 people so that scheduling and attendance are easier to track. Every trip is planned ahead by a *trip rep* and submitted to staff for approval. Members are encouraged to socialize with many different members and vary their trip composition from week to week.

Members who are scheduled to attend a trip but don't show up for the trip are reported by the trip rep and questioned seriously by staff and other members when they return to the center. Signing up for a trip and not showing up for the trip can result in a learning experience and/or verbal reprimand.

Occasionally, members may attend several of the city's teen oriented clubs as a group on weekend nights and/or go to concerts. DYC believes in gradually reintroducing members to the general community; trips to concerts and clubs allow members to engage in normal teenage experiences in the city within a supportive network of fellow DYC peers. Staff understand that drugs and alcohol are available throughout the city and encourage members to learn to have fun at such events without the use of alcohol or drugs. Members who have attended a trip to a concert or club are given a one-to-one when they return to the center on Monday so that they may speak about any difficult feelings they may have had while in that environment.

**Why:** Shows members that they can have fun without the use of substances and allows them to learn new ways of socialization which don't involve drugs.

Provides a semi-structured member-driven atmosphere for fun activities outside of the center.

Structures members' free time on weekends and relieves some of the temptation to contact *old friends*.

Builds friendships between program members and allows members to gain support from their peers who are encountering the same experiences.

Ensures that members' scheduled whereabouts are known in advance in case an emergency should arise.

### Section 5.4.3: Additional Elements: Recreation Outside Center

Makes social outings relatively safe because members watch out for each other.

**When:** Nights and weekends, with staff approval.  
Trip length varies according to members' plans.

**Responsible:** Individual Members  
Clinical Staff Members

**Quotation:** Yeah, you always do two <trips>, Friday and Saturday. Uh, it's pretty cool, interacting with other people. It's pretty cool. <pause> Sometimes I get intimidated, sometimes you don't, sometimes you have good times. Sometimes you laugh, sometimes you cry, sometimes....but, I mean you have a lotta fun. It's pretty fun.

*Earnest, Day Treatment*

**Quotation:** It's cool 'cause like I don't ever really have time to hang out. So it's good now that we have to do trips. I have to make time for it. Otherwise my priorities get messed up and then I'm like, "Uhh!"

*Heidi, Re-Entry*

**Quotation:** Some clubs we're not allowed to go to. I mean there's a couple that we're banned from. And Tommy <program director> says, "If the club's a bad scene, I trust you guys to leave." But we're allowed to go there to at least try it and see what it is. He trusts us enough to make that decision...I mean I've been to clubs where I haven't seen a drug, but everybody in the club seems like they're drinking. You know. And you go like, "Should I dance with the girl that has a beer in her hand?" And, you know, "Is that OK?" I mean, some people don't go to clubs, and some people do. It takes time. When I first came down, I didn't go to a club right away. Some people take their time until they get plugged in and stuff like that.

*Isaac, Re-Entry*



## Section 5.4.3: Additional Elements: Recreation Outside Center

<b>Member Responsibility:</b>	<b>TRIP REP</b>
<b>Description:</b>	<p>As trips are being planned, one member from every trip volunteers to serve as the trip rep. Trip reps are responsible for planning and coordinating trips, arranging scheduled meeting places and times, and taking attendance at specified meeting times. If members are not present at the arranged time, trip reps have the responsibility of reporting absences to DYC staff when <i>giving info</i> on Monday morning.</p>
<b>Why:</b>	<p>Ensures that each trip has a coordinator who serves as point person to contact should something unusual occur during a trip, and ensures that all members who have signed up for a trip are present on that trip.</p> <p>Ensures that all members who sign up for the trip are aware of and want to participate in the trip's scheduled activities.</p> <p>Encourages members to take responsibility for themselves and their peers.</p> <p>Ensures that trips remain on schedule and run smoothly.</p>
<b>When:</b>	Every trip is coordinated by a trip rep.
<b>Responsible:</b>	Members Serving as Trip Reps Clinical Staff
<b>Quotation:</b>	<p>As the trip rep, if they're late or whatever, if they didn't show, if they're giving an attitude, or something's up with them, you gotta bring that in &lt;give info&gt;. That's your responsibility. If you feel like something's up, you gonna bring that in.</p> <p style="text-align: right;"><i>Henri, Re-Entry</i></p>

## Section 5.4.3: Additional Elements: Recreation Outside Center

**Program**

**Procedure:** TRIP SHEET

**Description:** Trip reps are required to submit trip sheets to staff before every scheduled trip. Trip sheets outline the place, time, duration, and activity planned for a trip, and list the people involved. Trip sheets for the weekend must be submitted to staff by Wednesday night.

**Why:** Allows staff adequate time to approve or deny trips.

Helps members learn the value of planning activities ahead of time and maintaining schedules.

Ensures that trips have been clearly thought out by members, and limits the possibility of spontaneous deviation from planned trip activities.

Allows staff to ensure that all members are going on 2 trips per weekend and trip guidelines are being followed.

**When:** Every Wednesday night for weekend trips.  
The same day of weeknight trips.

**Responsible:** Members Serving as Trip Reps  
Clinical Staff Members

**Example:**

DAY: Saturday Afternoon

DATE: October 15th, 2002

TIME: 1:30 p.m.–5:30 p.m.

PLACE: Natural History Museum

ACTIVITY: Tour the museum (going out for lunch at Gino's Pizza Palace across from the museum).

TRIP REP: Sara Murphy

MEMBERS: Patrick Callaghan, Mike Donaldson,  
Nathan Prior, Samantha McLoughlin, Nancy McGrath

### Section 5.4.3: Additional Elements: Recreation Outside Center

**Program**

**Procedure:** MASTER TRIP LIST

**Description:** The master trip list details each trip planned for the weekend and the members who are planning to attend the trip. It is compiled by clerical crew before each weekend and after trip sheets have been submitted to and approved by staff. The master trip list is freely available for members and staff to review.

**Why:** Allows staff to review all trips at once to ensure that all members are taking their 2 required trips per weekend and that trips are well planned and contain acceptable activities and destinations.

Gives members new ideas for trips when they see the kinds of trips other members are going on.

**When:** The master trip list is created Wednesday nights by staff, then typed and posted by clerical crew members on Thursdays.

**Responsible:** Clerical Crew Members  
Clinical Staff Members

## Section 5.4.3: Additional Elements: Recreation Outside Center

<b>Program</b>	
<b>Procedure:</b>	<b>GIVING INFO</b>
<b>Description:</b>	<p>Each morning upon arrival at the Brooklyn center, day treatment and re-entry members are provided with an opportunity to discuss with clinical staff their activities, concerns, and any difficult events they encountered the night before. This is called giving info. Clinical staff members are available at a table in the Brooklyn center's main room, and members take turns approaching clinical staff between the time they arrive at the center and the time morning meeting begins. Members are encouraged to discuss any fights or problems they had with family members, any <i>old friends</i> they encountered, any difficult situations they found themselves in, or any desires they had to use drugs. They also report any arguments they may have had with other members either over the phone or in person on trips. If a member arrived late for a trip, didn't show up, or acted inappropriately during a trip, this would also be reported during giving info.</p> <p>Members are encouraged to report anything about their evenings or weekends that seemed out of the ordinary. Clinical staff write down the significant information and discuss it during the morning staff meeting. They then collectively choose whether to discuss the events with members in a one-to-one counseling session or in a group therapy format, or to let the issues rest until members choose to address them again.</p>
<b>Why:</b>	<p>Encourages members to share any difficulties or problems with clinical staff. Ensures that clinical staff members are aware of important issues on members' minds and aware of anything that might affect the members' daily treatment progress.</p> <p>Encourages members to take responsibility for their own behavior monitoring.</p> <p>Lets members know that the program trusts them to uphold program rules.</p>
<b>When:</b>	<p>Mornings, upon arrival to the Brooklyn center. Each member gives info for about 5 minutes a day on a voluntary basis.</p>
<b>Responsible:</b>	<p>Individual Members Members Serving as Trip Reps Clinical Staff Members</p>

## Section 5.4 Key Points Summary

### Key Points Summary

- Members in day treatment receive weekly vocational counseling in order to prepare for careers, future education, part-time jobs, and general plans for the future.
- School is held for 3–4 hours each treatment day and offered to day treatment and re-entry members who still need to obtain their high school diploma or GED. High school subjects and GED prep classes are offered during this time.
- If members are of an appropriate age and at the correct educational level, they may choose to go back to school at a local high school. Staff develop a schedule with these members and school officials to include appropriate time for both school and treatment.
- Seminars are held at the Brooklyn center every Tuesday and Thursday afternoon and offer a variety of educational subjects and skills-building exercises.
- Members may participate in organized sports and other leisure activities during their free time at the center.
- Lunch is served daily at the Brooklyn center. Wednesday dinner is also served so that members do not have to leave the center between their treatment day and parents' night.
- At the beginning of each summer, NYC makes a schedule of summer field trips. Field trips can include visits to museums, trips to the beach, or picnics at the park.
- The Brooklyn center houses 2 cats and some fish. Members are responsible for the care of these animals.
- Day treatment and re-entry members are required to go on 3 trips, or recreational outings, with their peers per week. Trips teach members that they can have fun in a drug-free environment.
- Every scheduled trip is assigned a trip rep. Trip reps are responsible for planning trips, making sure everyone shows up to trips, and reporting any incidents to staff the next treatment day.
- Trip sheets are slips filled out by trip reps for each trip detailing when and where the trip will be and who will be attending the trip. Trip sheets are submitted to staff for approval.

## Section 5.4 Key Points Summary

- The master trip list is a list of the approved weekend trips scheduled for the following weekend. The master trip list helps staff ensure that all members are taking their required number of trips and gives members ideas for trips they could take in the future.
- Every morning, members at the Brooklyn center are given time to give info, or speak with staff about the events of the previous night or weekend. They are encouraged to tell staff about anything that they think might influence their day at the treatment center.

# **Section 6: Re-Entry**





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## Section 6.1: Re-Entry Overview

**Type of Service:** TRANSITION TO RE-ENTRY

**Description:** Members are informed of their potential transfer to re-entry treatment approximately 1 to 2 weeks before the actual transition. This allows members to prepare mentally and emotionally for a transition into a school or work environment 3 days per week. Once they have been informed of their upcoming transition, members who will be obtaining part-time employment meet with the DYC vocational counselor, begin preparing a resume, and start thinking about potential part-time jobs they might be interested in applying for. Members who plan to return to school meet with the vocational counselor and the DYC school teachers to discuss appropriate school subjects.

**Requirements:** Members have completed 6 to 8 months of day treatment.

Members have met all day treatment expectations and goals.

If seeking part-time employment, members have met with the DYC vocational counselor to prepare a resume and discuss job-seeking techniques.

Members have demonstrated significant improvement in personal decision-making abilities and are confident in their interactions with people outside of the program.

Members have made a significant effort to improve relational patterns within their families.

Members have begun to develop community-based support systems.

Members have shown that they are able to responsibly structure free time and social activities, and are able to maintain healthy boundaries.

Members have gained public speaking skills and are able to conduct presentations and successfully complete interviews.

Members have demonstrated an increased trust for adults and others in authority.

Members have demonstrated a concerted effort to remain drug-free and a commitment to changing their previous behavior patterns.

**Responsible:** Brooklyn Center Program Director  
Clinical Staff Members

## Section 6.1: Re-Entry Overview

### Re-Entry Treatment

Re-entry members attend the Brooklyn center on Mondays, Wednesdays, and Fridays and participate in all Brooklyn center activities with day treatment members on these days. Re-entry members are expected to follow all program regulations and participate in all program activities on the days that they attend the center. All activities outlined in the day treatment section of this manual also apply to re-entry members on the days they attend treatment at the center and on weekends. Re-entry members attend group therapy sessions with day treatment members and socialize with other members after work and/or program activities. In addition, re-entry members participate in trips and special events with day treatment members.

On Tuesdays, Thursdays, and Saturdays or Sundays, re-entry members work at a part-time job and/or attend classes at a local high school or college. After meeting with NYC's vocational counselor, outlining job, school, and career goals, preparing a resume, and practicing job searching and interviewing techniques, job-seeking members initially use the time not spent at the center to search independently for employment in a field that they have chosen and which has been approved by the NYC vocational counselor. Members are expected to secure a job for themselves by searching, handing out resumes, and attending interviews. Members should not enlist the help of NYC staff (other than the vocational counselor) or their parents to obtain employment. Members who plan to attend school during re-entry meet with the vocational counselor, local school authorities, and, if applicable, the NYC school teachers to discuss appropriate class schedules, courses and, where necessary, modify treatment attendance to allow the member to attend class regularly.

Re-entry members are encouraged to begin communicating on a regular basis with people outside of the NYC program and begin dating again. The re-entry stage of treatment generally lasts for 6 to 8 months; thus, members have typically completed 2 to 2½ years in the program by the time they leave re-entry and transition to phase-ambulatory treatment.

A successful progression through re-entry:

- Allows members to begin interacting with people outside the program on a regular basis, and encourages them to make responsible decisions about the type of company they keep and the situations they are confronted with.
- Teaches members job hunting and employment skills that will be useful for the rest of their lives.
- Allows members to go through stressful transitions such as returning to school, entering and maintaining employment, and beginning to form interpersonal relationships under the supportive umbrella of the program.

## Section 6.1: Re-Entry Overview

**Program**

**Procedure:**

**RE-ENTRY TREATMENT EXPECTATIONS AND GOALS**

**Description:**

The following are goals and expectations for members during their tenure in re-entry treatment. By the time members are ready to transition to phase-ambulatory, they have achieved almost all of these expectations and goals.

It is expected that during re-entry members will:

- Locate and maintain part-time employment, or regularly attend high school (and participate in high school activities) on Tuesdays, Thursdays, and Saturdays or Sundays.
- Effectively and independently problem-solve in difficult work or school-related situations.
- Form productive acquaintances with peers and people who are not currently in drug treatment.
- Maintain healthy interpersonal relationships.

The goals for re-entry treatment are:

- To increase independence from NYC and form new working relationships with members of society as a whole.
- To continue to identify negative behaviors and attitudes and replace them with positive alternatives.
- To form healthy interpersonal relationships.
- To continue to work on productive familial relationships.
- To continue to develop community-based support systems.
- To responsibly structure free time, work and school responsibilities, and program responsibilities.
- To promote self-reliance.
- To increase individual responsibility and accountability.
- To prepare members for eventual program completion and complete independence.
- To continue to increase comfort with emerging sexuality and gender issues.
- To enhance members' ability to maintain employment and financial independence.

**When:**

Throughout re-entry treatment.

**Responsible:**

Individual Members  
Vocational Counselor  
Clinical Staff Members

## Section 6.1: Re-Entry Overview

### Re-Entry Daily Structure Chart<sup>8</sup>

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
<b>Morning</b>								
9:00	Give Info / School	Work or Attend School	Give Info / School	Work or Attend School	Give Info / School	Home, self and family activities / sleep	Home, self and family activities / sleep	
9:30			Give Info / School		Give Info / School			
10:00	Morning Meeting		Morning Meeting		Morning Meeting			
10:30			Morning Meeting		Morning Meeting			
11:00	School or Work Crews		School or Work Crews		School or Work Crews			
11:30	School or Work Crews		School or Work Crews		School or Work Crews			
12:00	Lunch	Lunch	Lunch					
<b>Afternoon</b>								
1:00	School or Work Crews	Work or Attend School	School or Work Crews	Work or Attend School	School or Work Crews	Work, Homework, or Saturday Afternoon Trip (flexible schedules)	Work, Homework, or Sunday Afternoon Trip (flexible schedules)	
1:30			School or Work Crews		School or Work Crews			
2:00	Aft. Meeting		Aft. Meeting		Aft. Meeting			
2:15			Aft. Meeting		Aft. Meeting			
2:30	Encounter Group		Static, Peer, or Gender Group		Reflections			Encounter Group
2:45								
3:00								
3:30								
4:00								
4:30								
5:00	Evening Meeting		Prep. for Supper		Evening Meeting			
6:00	Return Home		Return Home		Evening Meeting			Return Home
<b>Evening</b>								
6:30	Travel Home	Travel Home	Supper	Travel Home	Friday Night Trip (flexible schedules, trips usually occur for 5 or 6 hours during this time)	Saturday Night Trip (flexible schedules, trips usually occur for 5 or 6 hours during this time)	Sunday Evening Trip (flexible schedules, trips usually occur for several hours)	
7:00	Home, self and family activities / sleep	Home, self and family activities / sleep	Clean up	Home, self and family activities / sleep				
7:30			Plan weekend trips and write trip sheets					
8:00			Free time at center					
8:30								
9:00								
9:30								
10:00								
10:30								
11:00			Travel home with parents					
11:30			Home, self and family activities / sleep					
12:00								
12:30								
1:00								
1:30								
2:00								

<sup>8</sup> Re-entry members attend all day treatment activities on Mondays, Wednesdays, and Fridays. For information on activities listed, please consult the day treatment section of this manual.

## Section 6.1: Re-Entry Overview

<b>Program</b>	
<b>Procedure:</b>	<b>LIFTING HOUSE BANS</b>
<b>Description:</b>	<p>When members transition to re-entry, their actions and free time are no longer restricted by house bans. Members may leave their parents' homes in the evenings without trip sheets, may arrange their own schedules (with help from the DYC vocational counselor) on Tuesdays and Thursdays when they are not attending the center, and may plan their weekends (outside of DYC trips) on their own. Re-entry members must still fill out trip sheets and report for trips on time, but may spend Saturday or Sunday afternoon working part-time or completing schoolwork. Re-entry members are encouraged to work toward achieving more of their personal goals with less dependence on DYC, and lifting house bans allows them to be responsible for achieving these goals in a more independent manner.</p>
<b>Why:</b>	<p>Demonstrates to members that they are trusted to act responsibly and to monitor their own behavior outside of the treatment center.</p> <p>Encourages independence and accountability for one's own actions, including learning how to budget money and arrive at and leave work or school on time.</p> <p>Encourages re-entry members to act as role models for day treatment and residential members.</p>
<b>When:</b>	Upon transition to re-entry.
<b>Responsible:</b>	Individual Members Clinical Staff Members

## Section 6.1: Re-Entry Overview

<b>Program Procedure:</b>	<b>DATING</b>
<b>Description:</b>	<p>Depending on personal treatment issues and readiness, members may have already begun obtaining permission to start dating again. Permission is granted by staff anywhere from a few months into day treatment to halfway through re-entry on an individual basis. Once permission is granted, members are encouraged to socialize with and date people outside of the program. Potential dates must be drug-free and represent a positive lifestyle. With staff permission, members are now also allowed to begin dating one another. However, members who form relationships are not allowed to hang out exclusively with each other when on trips or while at the Brooklyn center. Members are encouraged to discuss problems in their relationships and/or personal issues that may be highlighted because of dating in one-to-one sessions with clinical staff or in group therapy sessions. Because some members have had significant sexual abuse history or coercive sexual experiences, dating often brings difficult issues to the forefront. These issues are discussed within the supportive context of the program whenever possible. Members are also encouraged to discuss their feelings and thoughts with their parents if appropriate.</p>
<b>Why:</b>	<p>Allows members to begin choosing prospective partners slowly. Ensures that members encounter and overcome difficult interpersonal issues while in the supportive context of treatment.</p> <p>Teaches members how to avoid coercive and abusive relationships.</p>
<b>When:</b>	On an individual basis, anywhere from a few months in day treatment through re-entry.
<b>Responsible:</b>	Clinical Staff Members Individual Members
<b>Quotation:</b>	<p><b>Interviewer:</b> Do people look forward to being able to date when they go to Brooklyn? <b>Daria:</b> Yeah. <b>Interviewer:</b> Or is it not an issue? <b>Daria:</b> &lt;For&gt; some people it's an issue. Some people they look forward to it. I look forward to socializing. You know, like 'cause I'm not very good dealing with people outside the program. So I need to work on that. <i>Daria, Residential</i></p>



# Section 6.2: Finding Employment

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## Section 6.2: Re-Entry: Finding Employment

**Type of Service:** VOCATIONAL COUNSELING

**Description:** Once they are notified of their transfer to re-entry, members meet individually with the Brooklyn center's full-time vocational counselor to discuss re-entry rules and requirements and to begin searching for part-time employment and/or school classes. The vocational counselor continues to assess members' personal goals, abilities, and skills, and recommends employment areas, jobs, and school classes that members may pursue. In order to prepare members for interview situations, both employment and higher education-oriented, the vocational counselor sets up mock interviews and pre-employment screenings. The vocational counselor also helps members prepare and edit their resumes and, where appropriate, fill out college and/or technical school applications. Individual vocational counseling continues throughout re-entry and occurs approximately 2 times per week until members locate jobs or are accepted into school. At this point, vocational counseling occurs weekly for the duration of re-entry and more frequently at key transitional points in the members' school and/or work careers.

**Why:** Ensures that members have the best possible chances for obtaining higher education or a job that they are interested in.

Provides members with needed job-related and vocational skills.

Ensures that members go through the process of obtaining employment for the first time, or entering school within the supportive context of the program.

**When:** Upon notification of members' transition to re-entry.  
When needed, and at transitional points in employment and/or school.  
Vocational counseling occurs one to two times per week and lasts approximately 1 hour per session.

**Responsible:** Vocational Counselor  
Individual Members

**Quotation:** Deb, our vocational counselor, she helps us out with jobs and schools and all that. So I really don't know what I'm planning on doing. I don't know if I'm going to school. I don't know if I wanna just work. But I do want to go to school 'cause I want to be a counselor. Or I want to be a home attendant. So, I don't know. Right now I'm just a little stuck. So...Deb's been helping me out, so she's like, "Just relax, think about it." So that's what I'm doing.

*Halley, Recent transfer to Re-Entry*

## Section 6.2: Re-Entry: Finding Employment

**Type of Service:**      **LOCATING PART-TIME EMPLOYMENT**

**Description:**      After meeting with the vocational counselor to polish their resumes and interview skills, re-entry members who elect to search for employment are sent out to find a job. The vocational counselor and member usually choose specific neighborhoods in which to search for employment to ensure minimal travel time to and from home and/or treatment; however, the majority of the actual job search is completed by the member, usually on foot. Members discuss the type of job they would like to obtain and the skills necessary to perform that job with the vocational counselor before they begin their search. As a general rule, members should not rely upon the program or their parents to locate a job but should complete the job search process for themselves.

Members who are actively looking for a part-time job report to the vocational counselor on their progress throughout the day on Tuesdays and Thursdays. Members may also call the center if they have questions about their job search and/or the process as they are searching. On Wednesday and Friday mornings when they return to the center, members meet with the vocational counselor and provide a list of places where they have submitted job applications and provide proof of their application submissions (in the form of business cards, photocopied applications, and/or paper which shows the name and address of the potential employer/business). Periodically the vocational counselor calls potential employers to verify that members have indeed submitted applications. If they encounter trouble or confusion over the application process, members may bring applications into the Brooklyn center, and the vocational counselor provides answers to any questions.

When they have obtained an offer of employment, members must discuss the job with the vocational counselor, the program director, and the assistant director. These individuals approve jobs if they meet members' employment and career goals, if the job appears to be safe and legal, and if the employer can ensure that the job requirements and expectations will not conflict with the hours members are expected to be at the treatment program or participating in trips with other NYC members.

If members do not find employment after 3 weeks of searching, staff re-evaluate their situation. After speaking with the members, the vocational counselor and clinical staff discuss the members' general progress in treatment to determine whether attitude, unwillingness to search, and behavioral problems are hindering the employment process. If it is determined that the members indeed are not progressing in their clinical treatment, re-entry may be taken away temporarily and the members will be evaluated again at a later date. If members are progressing in treatment but have had a difficult time locating employment, the vocational

## Section 6.2: Re-Entry: Finding Employment

counselor may contact some of the agencies with which DYC has linkages to see if they currently have any positions open. If the agency *does* have an open position, members must take upon themselves the responsibility for applying, attending interviews, and obtaining the job by themselves.

Most members obtain employment quickly. As members begin their new jobs, the vocational counselor offers support through the transition by offering additional counseling and checking up with each member individually. If, based on members' reports, it becomes clear that a work environment is not beneficial to treatment (i.e., members are being taken advantage of at work, members are being harassed, or the work environment is not safe), the vocational counselor and/or other clinical staff members may suggest the members find alternate employment. However, if members make the decision to quit or change employment without legitimate reasons (i.e., because they're bored or they don't feel like working anymore) the program director and vocational counselor will not approve the job change. Quitting a job without staff approval may result in verbal reprimands or personal financial hardship. Should members be fired from their jobs, a detailed discussion is held between staff and individual members as to the reasons for termination and plans for future employment.

**Why:** Ensures that members who are interested in obtaining employment locate jobs while in the supportive context of the program. Teaches members, some who have never worked before, valuable life skills involved in obtaining and maintaining employment.

Encourages members to take responsibility for their own lives, challenges them to become self sufficient in their job search, and ensures that they are not exploited at their work places.

Allows staff to monitor members' reactions to, and any problems stemming from, going into a work environment where there may be reminders of their pre-treatment lifestyle.

Encourages members to take pride in their own accomplishments, and provides members with a sense of satisfaction when they locate employment on their own without the help of a parent or DYC staff.

**When:** Upon transition to re-entry and throughout members' tenure in re-entry.

**Responsible:** Individual Members  
Vocational Counselor  
Brooklyn Center Program Director  
Brooklyn Center Assistant Program Director

## Section 6.2: Re-Entry: Finding Employment

**Quotation:**

I worked there for like a month and a half and I hated that place....I got so tired of it and I got so frustrated with it <that> I wanted to change my job. And they wouldn't let me, staff wouldn't let me. Staff was like, "No you gotta deal with it." And I felt like I made a mistake and they're not letting me correct it now. So they let me quit. But then I realized they let me quit for me to realize the other mistake they didn't want me to make which was they wanted me to find a job before I quit. So I quit that place and then I went looking for a job again and I couldn't find one for awhile again. So I learned my lesson there.

*Holden, Re-Entry*

**Quotation:**

**Interviewer:** When you're out looking for jobs, like on Tuesdays and Thursdays, do you miss being in the center?

**Helena:** Of course. You start thinking, "What are they doing for seminar?" <laugh> Oh, my God. I mean the last time, it wasn't too bad. Like I wasn't really too focused on the center. But....it was kinda like I was still thinking about it. Like you can't get it out of your head. Like you start thinking. 'Cause it's like you're walking in the street by yourself, just looking for a job. It sucks. You know, so. Of course, you have to think about the center.

*Helena, Re-Entry*

## **Section 6.3: Education**

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## Section 6.3: Re-Entry: Education

**Type of Service:** RETURN TO OR CONTINUATION OF HIGH SCHOOL EDUCATION

**Description:** By the time they transfer to re-entry, members may have obtained their GEDs or have completed their high school education. Thus, the focus for many members is higher education and/or employment. However, members who are still attending high school also receive vocational counseling to ensure that they are taking appropriate high school classes for their grade level, and that they are enrolled in classes which will allow them to have the best potential future after they graduate from high school (i.e., if a member is interested in attending a 4-year college after high school, the vocational counselor ensures that the member is taking college prep courses). Members attending high school are encouraged to begin thinking about future employment goals and plans for jobs and activities after they have earned their high school diploma.

Depending on individual members' familial income and their progression through high school, members may hold part-time jobs for several hours per week while attending high school classes and treatment at the Brooklyn center. When members choose to return to or continue their high school education, their treatment schedules may be modified slightly during re-entry to accommodate class schedules and travel time between high school and the Brooklyn center (e.g., the member may be given permission to attend high school classes every morning and attend the Brooklyn center every afternoon; or the member may take a compacted schedule at the high school and/or supplement high school based classes with classes offered in the Brooklyn center's school).

The vocational counselor works with local high schools to ensure that teachers and school officials understand members' special needs and requirements and to ensure that communication between the school and the center remains open. When necessary, the vocational counselor may meet with school officials to discuss any problems or needed changes in members' schedules. Because New York City high schools often contain students with easy access to drugs and students with substance abuse problems, these environments may create difficult situations for members. Thus, members are encouraged to discuss their fears and concerns about returning to high school with program staff and to report any problems they encounter while at school when they return to the center the next day.

**Why:** Allows members to pursue a high school degree and a Regents' diploma from the State of New York.

Ensures that members who choose to return to local high schools have adequate support from clinical staff and the vocational counselor, should they encounter difficult situations in the school environment.

## Section 6.3: Re-Entry: Education

Ensures that members who return to high school are enrolled in the appropriate educational courses.

Encourages members to begin taking responsibility for their own decisions and builds members' confidence in their own abilities.

Encourages members to begin thinking about and planning for higher education and/or future employment opportunities. Helps members potentially avert problematic downtime after high school graduation, which could lead to relapse.

**When:** Upon transition to re-entry, if not already enrolled in local high schools during day treatment.  
Individual schedules are worked out with the members to ensure enough time for both school and treatment.

**Responsible:** Individual Members  
Vocational Counselor  
Brooklyn Center Program Director  
Members' Parents

**Quotation:** **Interviewer:** Did you get a high school diploma?  
**Isaac:** I just received my high school diploma. I got graduated from my old high school. I was able...I had enough credits...I left in my senior year. Like I'd mess up in school and then I'd work real hard and get my stuff back. Like I worked hard but I was doing the bare minimum too, so I was just passing all my classes. I made up some extra credits while I was at the residential center, and I had enough to get my high school diploma from my old high school. So that was good.

*Isaac, Re-Entry*

## Section 6.3: Re-Entry: Education

**Type of Service:** APPLYING TO COLLEGE OR TECHNICAL SCHOOL

**Description:** Members who target training or educational goals as more important than employment during re-entry meet with the vocational counselor to discuss applying to an institution of higher education which may meet individual members' needs. Members discuss current and future career goals, financial means, educational needs, and life plans with the vocational counselor. The counselor helps members assess the feasibility of their goals, their skills and aptitudes, and the type of education and future employment for which they feel they are best suited. After assessing members' abilities, goals, and needs, the vocational counselor helps them apply to a community college, university, technical school, trade school, or liberal arts college.

The vocational counselor maintains a file of application forms for various colleges and institutions of higher learning. Members are also encouraged to search for schools or training programs which provide relevant classes. All programs and institutions are reviewed by the vocational counselor to ensure appropriate accreditation and demographic and financial requirements. Once they have chosen several potential schools, members fill out applications and financial aid forms with their parents, or, if their parents are unable or unwilling to fill out the forms, members bring the relevant information into the center and they fill out the forms with the vocational counselor. If appropriate, and if needed, the vocational counselor helps members prepare for admission interviews and other meetings with members' potential schools.

If a college or training school is not currently reviewing applications, or if there is a long waiting period between the time applications are submitted and the time they are processed and reviewed, members are strongly encouraged to locate part-time employment as outlined above while they wait for acceptance letters, scheduled interviews, and other information. If members' applications are not accepted by a college or training center, they are encouraged to call the institution and learn the reason for the rejection. If need be, the vocational counselor may contact the institution on members' behalf at this point in time. Members are then encouraged to resubmit their applications. Members are also strongly encouraged to maintain their part-time jobs throughout this process.

If members are accepted into a college or training program, they and their parents are responsible for maintaining contact with the institution and filling out all necessary paperwork. If members' parents are unwilling or unable to help the member in this process, the vocational counselor will arrange meetings with the institution to assist members with enrollment procedures. Together the vocational counselor and members choose appropriate classes and schedules, ensuring that the members will be able

## Section 6.3: Re-Entry: Education

to continue to attend the Brooklyn center on scheduled days, and that they are taking classes which will benefit their field of study and/or future career goals. If necessary, individual members' treatment schedules may be altered slightly to accommodate seldom offered and/or extremely important higher education classes, but the members' hours in treatment are expected to remain approximately the same.

**Why:** Encourages members to obtain higher educational goals and training. Ensures that members encounter new educational experiences within the supportive context of the program. Ensures that members are supported through the sometimes confusing application and course scheduling processes.

Ensures that members are appropriately matched to a training center, college, or technical school that will provide them with their desired skills and educational needs.

Ensures that members who are not accepted to their first choice institutions and schools are provided support and encouragement to reapply.

Encourages members to take responsibility for their own decisions and actions. Provides members with an opportunity to surpass their personal and environmental boundaries and encourages members to be self-confident.

**When:** Upon transfer to re-entry and when needed throughout re-entry.

**Responsible:** Individual Members  
Vocational Counselor  
Members' Parents  
Brooklyn Center Program Director

**Quotation:** I'm going to a community college right now. Then I'm transferring for spring semester, I have three choices: Stonybrook University, NYU, or John Jay. 'Cause I'm taking criminal psychology. So I don't know yet. But I definitely wanna get my criminal justice major. Because I like forensic science, and I just took a course on it last semester. I did really good in it. And I like it.

*Heidi, Re-Entry*

## Section 6 Key Points Summary

### Key Points Summary

- Members transfer to re-entry after completing approximately 6-8 months in day treatment. Staff make transfer decisions based on individual treatment progress.
- Members are informed of their upcoming transfer to re-entry approximately 1-2 weeks before transition. During this time, members meet with the vocational counselor to discuss potential part-time jobs.
- Re-entry members attend treatment on Monday, Wednesday, and Friday and attend either school or work on Tuesday, Thursday, and either Saturday or Sunday.
- Re-entry members are expected to begin to become more independent from the center and form relationships with people outside of treatment.
- Apart from mandatory trips, members in re-entry no longer have restrictions placed on their free time outside the center and no longer need to conform to house bans.
- Re-entry members who choose to search for a part-time job meet with the vocational counselor frequently. The vocational counselor follows up with members individually to check on their job search status. If they haven't already obtained employment before transfer, newly transitioned re-entry members use the time they are not at the center to look for a part-time job.
- Additional vocational counseling is offered if members find it difficult to obtain employment. If members do not find a job within 3 weeks, their re-entry status is re-evaluated. Members must obtain staff approval before accepting a job or making any change in their employment. Staff may determine that employment is unsuitable for members and suggest that they find a different job.
- If they have not yet completed their high school degree requirements or obtained a GED, members may begin or continue to attend local high schools. The vocational counselor keeps in close contact with members and their schools to ensure they are enrolled in appropriate classes and are completing requirements for graduation.
- Should members wish to pursue higher education, NYC's vocational counselor assists them in choosing and applying to appropriate colleges or technical schools. Once members are accepted into schools, the vocational counselor works out a class schedule with them to accommodate both classes and treatment.



# **Section 7: Phase- Ambulatory**





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## Section 7.1: Phase-Ambulatory Overview

<b>Type of Service:</b>	<b>TRANSITION TO PHASE-AMBULATORY</b>
<b>Description:</b>	<p>When members have spent at least 6 months in re-entry and have completed the requirements, the program director considers them for transfer into phase-ambulatory treatment. When it is determined that members are ready for transfer, they are given an interview by the program director, the executive director, or both. During the interviews, the directors ask members about their employment plans, future goals, family issues, and specific treatment-related issues in order to further ascertain their readiness for transfer. Members are not told of the directors' decision immediately after the interview. They are instead notified the following Friday at the end of the treatment day. Members given a transfer to phase-ambulatory start that section of treatment the following Monday. If the directors determine that a member is not ready for transfer, they discuss the reasons with that member and re-evaluate the member's readiness a few weeks later.</p>
<b>Requirements:</b>	<p>Members have obtained and held a part-time job or have enrolled in educational courses and have achieved some job-related or educational goals as outlined in the members' vocational plans.</p> <p>Members have already revised their resumes and have actively begun looking for full-time employment <i>or</i> members have applied to become a full-time student.</p> <p>Members have begun interacting with and/or dating other young adults and adolescents outside of the program and show responsibility in their choices.</p> <p>Members have demonstrated responsibility in their personal life choices and have worked to maintain beneficial relationships with family members where appropriate.</p> <p>Members actively participate in group therapy sessions and one-to-ones and maintain an open dialogue with staff and treatment peers.</p> <p>Members have shown a greater capacity to manage feelings and to overcome difficult issues.</p>
<b>When:</b>	<p>After members have completed approximately 6 months of day treatment and 6 months of re-entry treatment and have demonstrated responsibility in personal actions and values.</p>
<b>Responsible:</b>	<p>Brooklyn Center Program Director Clinical Staff Members Individual Members</p>

## Section 7.1: Phase-Ambulatory Overview

### Phase-Ambulatory Treatment

Phase-ambulatory members do not attend the Brooklyn center every day. Rather, they work or attend school on a full-time basis and return to the center for meetings and group therapy sessions on Wednesday and Friday nights. All NYC enforced structural elements and rules (apart from House and Cardinal Rules) are lifted for phase-ambulatory members. These members are expected to be self-sufficient and embody the characteristics of responsible and independent young adults, and as such, they are no longer routinely monitored by program staff. Phase-ambulatory members who work or attend college are required to either maintain their own apartment (or dormitory situation) or pay rent to their parents. Phase-ambulatory members who attend high school are expected to locate a part-time job where appropriate and maintain an active savings account.

Socially, phase-ambulatory members are expected to spend the majority of their free time with friends outside of NYC and their phase-ambulatory peers. While they are not prohibited from contacting peers in day treatment or re-entry, phase-ambulatory members are encouraged to work on forming friendships and relationships outside of the treatment context in preparation for their future completion/graduation from NYC.

Group therapy sessions in phase-ambulatory treatment take the form of supportive discussion and dialogue on a variety of topics including gender issues, life skills, stress in maintaining full-time jobs, and family problems. One-to-ones, vocational counseling, and other therapy take place on an as-needed basis. Phase-ambulatory members who feel they require additional time with staff members may request a special meeting to be scheduled during the members' and staff's free time. Staff are available to speak to phase-ambulatory members during regular day treatment hours in the event of an emergency. While phase-ambulatory members are encouraged to contact program staff at any time if they feel they need additional counseling or help, they are not permitted to remain dependent upon the NYC program. During the course of phase-ambulatory treatment, NYC also encourages members to look into AA or NA meetings or other outpatient treatment types as a supplement to treatment or as further support after completion of NYC if members feel they might need it.

Members spend approximately one year in phase-ambulatory treatment. When a group of members has demonstrated that they are living successful independent lives and maintaining good standing in their jobs or schools, they are ready to complete NYC, and a completion/graduation ceremony is held in their honor.

## Section 7.1: Phase-Ambulatory Overview

**Program**

**Procedure:** PHASE-AMBULATORY TREATMENT EXPECTATIONS AND GOALS

**Description:** The following are goals and expectations for members during their tenure in phase-ambulatory treatment. By the time members are ready to graduate from NYC they have achieved all of these expectations and goals.

It is expected that phase-ambulatory members will:

- Increase self-confidence.
- Foster an ability to effectively and independently problem-solve.
- Establish peer relationships outside of the treatment context.
- Have a greater capacity to maintain feelings.
- Fully re-enter into society and begin disengaging from reliance upon the treatment program.

The goals for phase-ambulatory members are:

- To gain awareness of individual dynamics and how those dynamics influence what the members think and feel, and how they behave.
- To identify and express a wide range of emotions.
- To set and maintain healthy boundaries with co-workers, friends, and family members.
- To increase their sense of trust for adults and others in authority.
- To apply appropriate skills of loving confrontation.
- To set and achieve short-term goals, and set and work toward long-term goals.
- To maintain peer relationships.
- To gain increased comfort with their personal sexuality and gender issues.
- To foster an ability to speak in groups and conduct presentations.
- To follow through with outlined plans and evaluate results of these plans and actions.
- To maintain a community-based support system.
- To be able to structure free time and plan positive social activities.

**Responsible:**

Individual Members  
Phase-Ambulatory Treatment Coordinator  
Vocational Counselor  
Executive Director and Associate Director  
Brooklyn Center Program Director

## Section 7.1: Phase-Ambulatory Overview

### *Sample Phase-Ambulatory Daily Structure Chart<sup>9</sup>*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
<b>Morning</b>								
9:00	Work or Attend School	Work or Attend School	Work or Attend School	Work or Attend School	Work or Attend School	Complete Daily Living Tasks / Complete Work or School Chores	Clean Apartment, Complete Daily Living Tasks	
9:30								
10:00								
10:30								
11:00								
11:30								
12:00								
<b>Afternoon</b>								
12:45	Work or Attend School	Work or Attend School	Work or Attend School	Work or Attend School	Work or Attend School	Go Shopping, Run Errands, Coffee with Friends	Meet friends for lunch and a movie	
1:00								
1:30								
2:00								
2:30								
3:00								
3:30								
4:00								
4:30								
5:00								
5:30								
6:00								
<b>Evening</b>								
6:30	Travel Home	Travel Home	Dinner	Travel Home	Dinner	Go out for dinner and a concert with program peers	Do homework / relax and prepare for work.	
7:00	Cook dinner, do dishes, do laundry, complete homework, relax	Cook dinner, do dishes, run errands, complete homework, relax	Attend Group Therapy at the Brooklyn Center	Cook dinner, balance checkbook, pay bills, complete paper work, do home work, relax	Attend Group Therapy at the Brooklyn Center			Eat dinner with family members.
7:30								
8:00								
8:30								
9:00								
9:30								
10:00			Talk with program peers					
10:30			Travel home, relax, do homework					
11:00								
11:30								
12:00								
12:30								
1:00								
1:30								
2:00								

<sup>9</sup> Phase-ambulatory members are responsible for structuring their own daily schedules, thus not all members' schedules may look like this one. This is an example of a possible phase-ambulatory member's daily schedule.

## Section 7.1: Phase-Ambulatory Overview

**Program Rule:** PHASE-AMBULATORY RULES

**Description:** With the exception of House and Cardinal Rules, all of the previously instated NYC rules no longer apply to phase-ambulatory members. Members no longer have a curfew or house bans; there are no restrictions on who they call, date, or associate with or where they spend their free time. It is expected by now, after 2 years or more in treatment, that the members have fully internalized the values of responsible and respectable behavior. Thus, members are expected to carry themselves as responsible and respectable citizens. Staff no longer routinely monitor members' behavior, although a clinical staff member may call a one-to-one with a member if it appears that the member is exhibiting inconsistent or personally detrimental behavior.

**Why:** Allows members to take responsibility for their own lives while maintaining support from program peers and staff.

Encourages members to monitor and change their own behavior.

Ensures that phase-ambulatory members still conform to House and Cardinal Rules.

**When:** Throughout the members' tenure in phase-ambulatory treatment.

**Responsible:** Executive Director  
Associate Director  
Brooklyn Center Program Director





# Section 7.2: Therapeutic Elements

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## Section 7.2: Phase-Ambulatory: Therapeutic Elements

**Program**

**Procedure:** CHECKING IN

**Description:**

Phase-ambulatory can be a stressful period of time for members as they begin to break away from the program structure and negotiate their own boundaries and personal expectations; therefore, phase-ambulatory members are encouraged to informally check in with clinical staff, the vocational counselor, and other phase-ambulatory members on a semi-regular basis. Checking in allows members to touch base with other people who understand their treatment experiences and who have encountered similar stresses and negotiated similar boundaries. Checking in can take the form of dropping by the center every few weeks and talking to clinical staff, calling the center and requesting a special meeting with a clinical staff member or the vocational counselor, phoning other phase-ambulatory members, and/or getting together with phase-ambulatory peers during free time and on weekends.

While phase-ambulatory members are no longer required to take trips with their peers, they are strongly encouraged to continue to meet peers for dinner, coffee, movies, and other relaxing free time activities. In addition, phase-ambulatory members often take time just before and just after group therapy sessions, especially on Wednesdays, to talk informally with their program peers. Meeting program friends in an informal context allows members to relax and relieve the stresses of school, work, and career-building. It also ensures that members do not isolate themselves from individuals who are concerned about their well-being.

**Why:**

Allows members to relieve stress and touch base with a supportive network of people who are concerned about their well-being.

Encourages members to discuss any concerns or worries with clinical staff.

Ensures that phase-ambulatory members do not become isolated or overly stressed, that they remain in contact with program peers, and that they participate in relaxing free time activities.

**When:**

As needed throughout phase-ambulatory treatment. Phase-ambulatory members are encouraged to check in with some of their friends and peers at least once a week outside of the group therapy context.

**Responsible:**

Individual Members

## Section 7.2: Phase-Ambulatory: Therapeutic Elements

**Type of Service:** PHASE-AMBULATORY GROUP THERAPY

**Description:** The dynamics of a group therapy session in phase-ambulatory are different from those in previous treatment stages. In phase-ambulatory, peer groups, not encounter groups, are most common, and gender groups (men's and women's groups) are held one night per month as needed. Generally, members in phase-ambulatory group sessions discuss life events and concerns, such as new jobs, relationships, familial issues, or pressures from school. Phase-ambulatory members are encouraged to address problems they encountered during their work or school week and during their free time. Clinical staff and the executive director run phase-ambulatory group therapy sessions but exert less control over the direction the group sessions will take.

Because there are usually a large number of members in phase-ambulatory, several group therapy sessions are run concurrently on Wednesday and Friday nights. Members are assigned to specific group sessions by the executive director on a rotating basis. The executive director attempts to ensure that all phase-ambulatory members participate in group therapy sessions with different members each week in order to address a variety of concerns and issues. This rotating group composition also ensures that phase-ambulatory members touch base with all of their peers on a semi-regular basis.

**Why:** Reflects members' changing needs. By now, members have come to terms with their past drug abuse and the reasons for it and are now more concerned with managing their everyday lives. The less structured group format allows phase-ambulatory members to address issues and concerns which they target to be most salient and important to their current lives.

Allows phase-ambulatory members to use the time just before and just after group therapy sessions to hold informal discussions with phase-ambulatory peers and to catch up on events in each other's lives.

**When:** Every Wednesday evening from 7:00–9:00 p.m. and Friday evening from 7:30 p.m.–12:00 midnight.  
Phase-ambulatory group sessions may be scheduled more frequently if needed and/or in the case of an emergency.

**Responsible:** Individual Members  
Executive Director  
Brooklyn Center Program Director  
Associate Director

## Section 7.2: Phase-Ambulatory: Therapeutic Elements

**Quotation:**

I mean, basically in phase-ambulatory you're gonna move on. You're only going to be coming here Wednesday nights and Friday night for group. And the rest of the week you're working. And as far as anything else, then you're pretty much on your own. You know, the decisions you make on your own. I mean you're still in the program, you still got some restrictions. But as far as what? Nothing. We can't drink? Like there's really not much you can't do, you know. So it's a little scary, you know, 'cause it's like what are you gonna do with what you learned now? Your morals and stuff like that. What are you gonna do with what you just improved for the last 2½ years. What are you gonna do? And I guess that's really if you wanna call it a test.

*Isaac, Re-Entry*



# Section 7.3: Additional Elements

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## Section 7.3: Phase-Ambulatory: Additional Elements

**Program Rule:** PRACTICING DAILY LIVING SKILLS

**Description:** Because phase-ambulatory members are required to be self-sufficient and practice individual responsibility, they are also expected to practice good daily living skills. These include being able to maintain a balanced personal budget, track personal expenses and income, either rent an apartment or pay rent to their parents (or live in school housing or dormitories), maintain an active savings account, vote in relevant elections, maintain a current driver's license or ID card, carry a current Social Security card, and file their own state and federal taxes at the end of the year. Phase-ambulatory members have learned many of these skills through seminars during their tenure in day treatment and re-entry; however, if they have questions about any daily living skills they are encouraged to discuss these questions with clinical staff. If needed, clinical staff will work with members to ensure that they understand the process for completing these tasks and duties. Clinical staff occasionally discuss members' progression on daily living skills during phase-ambulatory group sessions and/or one-to-one counseling sessions.

**Why:** Provides members with the skills necessary to live independent and fulfilling lives and ensures that members are equipped to remain fully productive members of society.

Encourages members to take responsibility for their own actions, and ensures that members will not gather large amounts of debt.

Encourages members to learn how to budget and save money in order to attain future goals.

Ensures that members understand and are performing their civic duties.

**When:** Discussion of daily living skills occurs during phase-ambulatory group sessions on Wednesday and Friday nights, during one-to-one discussions as needed, and/or when requested.

**Responsible:** Individual Members  
Clinical Staff Members  
Vocational Counselor

## Section 7.3: Phase-Ambulatory: Additional Elements

**Type of Service:** VOCATIONAL COUNSELING

**Description:** While some members choose to increase the hours they work at the jobs they located during re-entry, other members choose to use their transition to phase-ambulatory as a chance to begin a new career or enter into a new field of study. As soon as they learn of their upcoming transfer to phase-ambulatory, members who plan to switch jobs and/or apply to colleges or trade schools upon transition meet with the vocational counselor on a weekly basis to discuss and locate appropriate jobs and/or school situations. The job and school search for phase-ambulatory members occurs much like the job search for re-entry members, but phase-ambulatory members have a wider range of options open to them due to their increased time available for work and school. Many phase-ambulatory members are better able to locate jobs relevant to their chosen fields or careers.

While members are still offered employment and educational counseling and suggestions for employment and educational locations, their eventual choices need not be approved by the program director or the vocational counselor. Members who lack parental support and desire help filling out applications and financial aid forms for higher education may still rely upon the vocational counselor for assistance.

The jobs and schools that members choose should reflect their interests or be a starting point to a desired career. Members are encouraged not to take a job for the paycheck alone, but instead for the potential satisfaction from working in that field. Regardless of their choices for educational or employment related activities, members in phase-ambulatory are encouraged to take their decisions seriously and use their time in phase-ambulatory to create viable potential lifetime careers which will enable them to remain productive members of society for many years to come.

**Why:** Encourages members to learn how to assess and understand their own strengths, skills, and weaknesses and to search for employment and educational opportunities that will help them build upon their strengths and skills.

Encourages members to plan for their careers and take the appropriate steps toward their future goals.

Ensures that members receive vocational counseling and support as they prepare to attain lifetime career and educational goals.

**When:** Vocational counseling occurs weekly upon transition to phase-ambulatory and then occurs on an as-needed basis throughout members' tenure in phase-ambulatory.

## Section 7.3: Phase-Ambulatory: Additional Elements

**Responsible:** Vocational Counselor  
Individual Members

**Quotation:** It's scary, like with work-wise, are you gonna go to school, or all that stuff is on your mind. Where you gonna go to work? Where you gonna work now? Like phase-ambulatory is like a time where it's career time. It's not, you know, "Let's work at the deli on the corner." It's "Try and get yourself a career going." This is your life now. You know, so it's real.

*Isaac, Re-Entry*



# **Section 7.4:**

## **Graduation/Completion**

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## Section 7.4: Phase-Ambulatory: Graduation/Completion

### Program

**Procedure:** CONSIDERATION FOR GRADUATION/COMPLETION

**Requirements:** Members have demonstrated that they are able to live as responsible drug-free members of society.

Members have demonstrated that they are able to hold a full-time job or attend school full-time while maintaining all the other responsibilities of life.

Members have made and maintained friendships and relationships outside of the DYC community.

Members demonstrate appropriate care and concern for family members, peers, friends, and other members of society.

Members are able to complete all of their daily living skills accurately and on time (including paying bills, doing laundry, cooking for oneself, etc.)

Members have opened and maintained a balance of at least \$500 in a personal savings account.

Members have achieved all of their treatment goals.

Members have obtained a driver's license if of age.

Members are registered to vote if of age.

Members have obtained a high school diploma or GED, or are enrolled in high school full time.

Members have registered for the selective service (if male and over 18).

Members have been approved for graduation by clinical staff, the program directors, and the executive director.

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

## Section 7.4: Phase-Ambulatory: Graduation/Completion

**Type of Service:** GRADUATION/COMPLETION

**Description:** After completing approximately one year of phase-ambulatory treatment, members are generally ready to graduate (complete) the program. Completion ceremonies are usually held twice a year and rotate between the residential and Brooklyn treatment centers. The graduating members, their families, the DYC member population from all treatment stages, all staff members and their families, many current program members' parents, the program's 2 boards of directors, and special guests attend the ceremony. The executive director and program directors discuss the accomplishments of each graduating member, and a clinical staff member introduces each member to the audience. Graduating members are given an opportunity to talk about their experiences in treatment and thank family members, program peers, and staff members for their help and support. At the end of the members' speeches they receive a necklace with a small torch containing the letters DYC on it and a diploma to signify their completion of 3 years of treatment.

Graduation ceremonies are usually quite long, lasting 3 to 5 hours, and generally very emotional. After the ceremony, new alumni members and their parents attend a picnic (if the ceremony is held at the residential center), or graduating members may go out for dinner together (if the ceremony is held at the Brooklyn center). Generally 8 to 10 members graduate from DYC at one time.

**Why:** Allows completing members to acknowledge their personal progression throughout treatment and talk about their personal changes.

Recognizes members' achievements and success in their quest to maintain positive, productive, drug-free lives.

Provides a celebration for members who have worked hard and remained committed to their treatment for 3 years.

Allows members in other program stages to see people complete the program and makes program completion seem more attainable.

Brings the entire DYC community together to celebrate members' accomplishments.

**When:** Typically twice a year.  
Completion ceremonies usually last 3–5 hours.



## Section 7.4: Phase-Ambulatory: Graduation/Completion

**Responsible:** Executive Director and Associate Director  
Brooklyn and Residential Center Program Directors  
Brooklyn and Residential Center Assistant Program Directors  
Clinical Staff Members  
Graduating Members  
Members' Families

**Quotation:** **Carlos:** Because the way I felt is, "Oh, nobody completes this program." I met a couple people when I was a weekend member, right? The next thing I know they're completing! I'm like "This kid? I know him! How could he complete?" And then he completed. It gave me like more of an OOMPF. It's always good to see them. I actually know somebody can do it. And if somebody can do it, I could do it....

**Interviewer:** Do you think you'll complete?

**Carlos:** If I get my stuff straight, you know? If I get my head straight because right now I'm a head case. I know it. But I want to complete it. It would be the first thing I've ever done, positive, you know? My family would be so happy. My dad would be, "My son completed the drug program, 3 years!" I've never heard of a drug program for 3 years. Its insane! The idea, you know? <laughs>

*Carlos, Residential*

## Section 7.4: Phase-Ambulatory: Graduation/Completion

**Type of Service:** AFTERCARE

**Description:** If it is determined that former members need additional psychiatric treatment or counseling, family counseling, or other services after completing NYC, clinical staff provide a referral to additional services. In addition, NYC may make referrals for parents and siblings of graduating members who are also interested in receiving substance abuse treatment or other counseling services.

Any former member who relapses after graduation from NYC and calls the Brooklyn center for help is given one-to-one counseling with a NYC clinical staff member and then provided with a referral for another appropriate treatment program or counseling service. Former members, even those who completed NYC 15+ years ago, may contact NYC at any point for referrals or information on additional counseling services in their community.

In special circumstances, such as when a group of recent alumni members from the same wave of treatment seem to be encountering the same types of problems, NYC might hold a series of group therapy sessions as a supplement to treatment in addition to providing referrals.

**Why:** Ensures that alumni members receive any additional help or services they might need.

Ensures that completion members know that NYC will always provide them with support and encourages any alumni members who relapse to search for treatment services and counseling.

Ensures that members' families receive referrals for treatment when appropriate and that they are aware of social services available in their neighborhoods.

**When:** After program completion, if additional services are needed.

**Responsible:** Executive Director  
Associate Director  
Clinical Staff Members

## Section 7 Key Points Summary

### Key Points Summary

- Members are transitioned to phase-ambulatory after they have demonstrated responsibility in their personal and professional lives. The transition usually occurs after members have completed 6–8 months of re-entry.
- NYC rules (with the exception of House and Cardinal Rules) are lifted for phase-ambulatory members. Members are expected to have previously internalized NYC structure and rules and to demonstrate responsible behavior in their daily lives. Phase-ambulatory members are expected to show increased independence from NYC and begin to interact more with outside society.
- In the phase-ambulatory stage of treatment, members work or attend school full-time. Group therapy sessions for phase-ambulatory are held on Wednesday and Friday nights. Because members have been clean for two years, phase-ambulatory group therapy generally focuses on members' current employment, school, family, and life problems rather than substance abuse issues.
- Phase-ambulatory members are encouraged to check in with either staff or their peers on a weekly basis and to keep the lines of communication open.
- Phase-ambulatory members are expected to be largely self-sufficient. They are expected to either live on their own or pay rent to their parents, keep track of and pay bills on time, vote in local and national elections, and budget their time and money responsibly.
- Members in phase-ambulatory are encouraged to think about long-term goals and the steps to achieve them. Jobs held during phase-ambulatory are expected to reflect a field of interest and/or possible career track.
- If needed, vocational counseling is available for phase-ambulatory members as they search for a full-time job and/or apply to colleges and trade schools.
- Members are eligible for completion when they have demonstrated independent daily living skills, illustrate responsible and drug-free behavior, have obtained their high school diploma or GED (or are enrolled in high school full time), maintain an active savings account, hold a driver's license (if of age and if appropriate), are registered to vote (if of age), and are signed up for the selective service (if male and of age).
- Graduation/completion ceremonies are generally held twice a year at the Brooklyn or residential center and typically last 3-5 hours. Generally 8-10 members graduate at one time. Ceremonies are attended by all current NYC members, all program staff and families, and graduating members' families and friends. Graduating members are given the opportunity to address the NYC community and reminisce about their experiences in treatment.
- Adolescents and young adults who have completed treatment at NYC may contact the program at any time to request referral information if they relapse or need further support in maintaining their drug-free lifestyle. Families of members may also receive referral services.



# **Section 8: Parent/Family Treatment**



## Section 8: Parent/Family Treatment

### Parent/Family Treatment

DYC directors and clinical staff consider parental participation to be critical to individual members' success in treatment. Therefore, parents are required to attend weekly Wednesday parents' night meetings at the Brooklyn center upon their child's acceptance into treatment at DYC. Parents' nights consist of a parent meeting and parent group sessions. The meeting, overseen by the Dynamite Board of Directors (a group of parents elected yearly by their parental peers), consists of a welcome, reading of the minutes, announcements, updates, guest speakers, and an address by the executive director.

Parents may have a difficult adjustment period upon their child's entry into the program. Often, by the time a member reports for treatment at DYC, familial bonds have been frayed and parents may be resentful at being asked to attend parents' nights. In order to make parents feel welcome at the program, the non-clinical parental aspects of parents' night are run by parents themselves and are overseen by the Dynamite Board of Directors. In addition, volunteer parents welcome new parents each Wednesday night and answer any questions new parents may have about the program. They also call new parents at home once a week for the members' first few weeks in treatment to offer support and a listening ear. Volunteer parents collect program dues, organize fundraisers for DYC, and plan social events for members and parents. New parents are provided with other parents' home phone numbers and are encouraged to call them to ask questions about the program and/or talk about treatment at DYC.

Throughout their child's tenure in all stages of treatment (residential through phase-ambulatory), parents are expected to attend the weekly parent group meetings. Parents must be willing to support their child in his/her treatment process and be able to productively discuss home and treatment issues which may arise. While members attend day treatment and re-entry, parents must accept the responsibility of monitoring their child's whereabouts during time spent outside of the program. Clinical staff know that adolescents who have exceptional parental support and whose parents participate regularly in the program are much more likely to succeed than adolescents whose parents miss parental meetings and who refuse to cooperate with program rules and guidelines. If a parent does not fully participate in the program, staff and other members' parents may provide additional emotional and physical support to a member.

Parents are expected to call into the Brooklyn center by Wednesday afternoon if they are unable to attend that night's parent meeting and parent group. DYC staff keep track of parental attendance on Wednesday nights and phone each parent who has not called to report an absence. If a parent misses two parent nights in a row, regardless of whether he/she has called to report an absence, he/she is phoned by a clinical staff member who discusses the importance of parental participation and helps the parent make arrangements to regularly attend meetings in the future. Parents who typically work on Wednesday nights are asked to alter their work schedule when their children are accepted into DYC. Similarly, parents who care for small children are asked to arrange for childcare each Wednesday night. If necessary, DYC staff may help a parent make childcare arrangements. If a member's home environment becomes extremely unhealthy, other members' parents may temporarily take a member into their home while staff attempt to work with the non-participating parent. If all of the above efforts to increase parental participation fail, and there is no other family member willing to sponsor the member in the program,

## Section 8: Parent/Family Treatment

arrangements may be made for the member to live with a program peer and his/her family for the duration of the member's treatment at DYC.

**Quotation:**

In order for a member to be in this program they need a sponsor, in a way. It doesn't always have to be your parents. It could be your older sister. It could be your aunt. But you need someone to be in here for you. You need support. And both my family members come here. Sometimes my sisters come in here when they're off of work, just to sit in and listen. In Dynamite, that's how it is, those are the rules. But for myself, when they come here every Wednesday, I know that I have people there for me, and I know that people love me. And I know that people are concerned about me. And I know that they want to change, too, because they go into their own groups, like we do, and they talk about their own issues and their own stuff. In a way, they're also doing it for themselves, not for me, because I know my mother has changed a lot of her views and just a lot since I've been in here, because of Dynamite. So it's also helping her out, in a way, to deal with a lot of things. But when they come here every Wednesday night, it makes me feel really good.

*Ingrid, Day Treatment*

**Quotation:**

The groups were very nice, the people were very nice. I guess I was the only one on the block of all my friends that had this problem, so it was nice to meet people that were in the same shoes as I was. You know, and help to understand it better.

*Katrina, Alumni Parent*



# Section 8.1: Parents' Night

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## Section 8.1: Parents' Night

**Type of Service:** PARENTS' MEETING

**Description:** Each Wednesday parents' night begins with a general parents meeting. The meeting takes place in the 2<sup>nd</sup> floor gymnasium at the Brooklyn center and is presided over by the parent-elected Dynamite Board of Directors. The meeting begins with recitation of the program philosophy, and a reading of the minutes from the last meeting, followed by the agenda for the current meeting. Program parents are then briefly addressed by the executive director and/or the Brooklyn center program director and are informed of any progress, changes, or successes at the Brooklyn or residential center. The executive director or program director also addresses a key topic of interest to parents and provides updates of the program's current plans and activities. A brief discussion of upcoming program fundraisers follows, after which parents are invited give a "Dynamite Minute" (make a personal announcement about progress in the parent's or their member's personal life). "Dynamite Minutes" can include announcements about their child's achievement in treatment, or information relevant to their family life (e.g., "My son was just transferred to day treatment today." "My family just moved into a new house." "My daughter was just accepted into Brooklyn Community College and will attend in the fall.")

Following Dynamite Minutes, parents listen to a presentation by a guest speaker or discuss a current parent topic for the week. Parents' meeting topics change each week and may include: get-to-know-you activities, motivational speeches by the executive director, program updates from the residential center director, member presentations and recitals, discussion and organization of future DYC fundraising activities and program dues, and planning for a parent-child dance or other special activity or party. Seminars by guest speakers (including adolescent substance abuse researchers, motivational speakers, health care professionals, clinicians from other treatment types, educational speakers, speakers on gender and/or race issues, and former DYC alumni) cover a wide range of topics currently of interest to parents participating in DYC. At the close of the meeting, parents break for their respective group sessions.

**Why:** Educates parents about substance abuse treatment. Encourages parents to emotionally support their child and become committed to their child's treatment.

Provides a community atmosphere for parents, encourages them to interact with one another, and ensures that parents are adequately informed about current and future activities at the residential and Brooklyn centers. Ensures that parents are given a forum to address questions and concerns about their child in treatment and about DYC as a whole.

## Section 8.1: Parents' Night

Provides a forum to publicly recognize parents' and members' accomplishments.

Helps parents understand their child's progress through treatment.

**When:** Every Wednesday night at 8:00 p.m., year-round, for as long as their children are in treatment at DYC.  
Some parents choose to continue attending parents' meetings even if their child splits from treatment.

**Responsible:** The Dynamite Board of Directors  
Clinical Staff  
Program Parents

**Quotation:** And this is why I will glorify this program, because it deals with the parent. Where in most of these other groups, the member is getting all the help. And then when he comes home everything is there. So you know what, he's getting the help, but if that kid is not strong enough to be able to now teach his parents, "Look, I've changed, I'm not the same, I'm doing better." And to try to convince them, that's too much for a kid to have to deal with. Whereas in this program, we're learning as they're learning. And I thought I had everything down pat. Because I went through stages, and I went through what I had to go through. I was like, "I have this down pat." Oh boy, I was terribly wrong! Because there was a lot of things that I was doing. We're enablers. We walk on eggshells, alright? Eggshells, because he's going to run out and he's going to do this and he's going to do that. Where in the program you learn how to deal with different situations. To me, it's just reverse psychology, because you feed into it. It's like a fire, you throw in new wood. You leave it alone, it simmers down, you know? And this is the process that the parents go through. They're learning how to deal with their kids, they're learning how to say "NO." They're learning how to talk about things, instead of screaming.

*Merika, Program Parent*

**Quotation:** **Clive:** When it first happened, Bernice would say to me, "Don't say a word where Noah is. Just say he went away for a while." It was more an embarrassment to us...  
**Bernice:** Yeah, that we were less than perfect.  
**Clive:** ...that we were parents of a drug addict.  
**Bernice:** We had a less than perfect family, right.  
**Clive:** But then, at the Wednesday night meetings, you start to lose that embarrassment.  
**Bernice:** We went there one Wednesday and there was a woman around the corner, and she said, "What are you doing here?" "Same thing you

## Section 8.1: Parents' Night

are.” She said, “Oh! I thought your family was fine.” I said, “I thought your family was, too!” And I think Dynamite helped me....It put you more in touch with other people’s feelings, going to these groups at Dynamite. You really never realize what other people are going through. I mean, people don’t tell you what they tell you in these groups! And you think, “God, wow, things that people have had to deal with, and how their lives were.” So it really puts you in touch with a lot of different feelings that you would not ever have known or heard about if you had not gone to a group like that. Turning that around, it makes you realize that you’re not a freak, you’re not alone. You’re not the only one who’s messed up or whatever, you know. Which is very helpful.

*Bernice and Clive, Program Parents*

## Section 8.1: Parents' Night

**Type of Service:** PARENTS' ORIENTATION GROUP

**Description:** For the first few weeks of their association with DYC, parents become acquainted with the program by attending orientation group sessions. These orientation group sessions are given so that the new parents may become familiar with DYC's expectations for members and parents, the program rules and regulations, program mores, and therapeutic community philosophies. Orientation group sessions are lead by a clinical staff member and attended by a parent who has been familiar with DYC for at least two years and a member currently participating in phase-ambulatory treatment. These sessions provide a forum for any questions and concerns parents new to DYC might have.

During orientation group sessions, the clinical staff member answers questions about DYC policy and procedures, treatment administration, and program rules. The staff member also addresses parental concerns about their child's well-being.

The attending established parent provides experienced insight from the parental point of view about coping with members' transitions both inside and outside of the treatment context. In addition, the established parent discusses personal experience; relates to new parents' sense of frustration; worry, and fear; and may offer suggestions for coping strategies. The established parent also serves as a source of support for the new parents and proof that it is possible to make it through the first few weeks in the program. Established parents also make themselves available outside of orientation group sessions to answer any further questions new parents may have.

The phase-ambulatory member addresses any questions parents might have about the emotions, changes, and lifestyle their child is experiencing at the residential center. In addition, the phase-ambulatory member serves to demonstrate to parents that it is possible to progress successfully through the program stages and remain in treatment for 3 years.

**Why:** Provides parents with an introduction to DYC, therapeutic community treatment, and adolescent drug treatment.

Provides a forum for parents to ask questions about their child's treatment, about DYC as a program, and about DYC program rules and expectations.

Encourages parents to play a significant role in their child's treatment.

Provides an opportunity for parents to become familiar with each other.

## Section 8.1: Parents' Night

**When:** Parents attend orientation group sessions for the first 6-10 weeks that their children attend treatment at the residential center.

**Responsible:** Clinical Staff  
Established Parent Volunteers  
Phase-Ambulatory Member

**Quotation:** So for the first month my daughter was in the program, it was terrible. But groups helped a lot. Groups. Because I could not talk. I came in, I was just crying. Everyone, I was looking at people whose kids were there for two years. Three years. They just came in to the center and they were happy. I thought, "My God! How I'm going to be like them?" I feel terrible. I feel like, I'm sorry for my language, a piece of shit, like I smell. I mean everybody was outside to smoke. Parents smoke, and I smoke too. And I felt like everybody was looking at me as I'm standing there because I have a daughter in Dynamite, you know? It was a terrible feeling like you're naked outside. "Talk to people who I don't know? Have to open up my heart? No thank you!"...But it helped. That's why they put us in the program. I mean in orientation groups. So it was different experience. Now I understand why. But at the time, I couldn't understand at all.

*Talia, Program Parent*

## Section 8.1: Parents' Night

**Type of Service:** PARENTS' GROUP

**Description:** After the parents' meeting, parents attend their designated parent group sessions. Group membership is assigned by staff and rotates every 8 to 10 weeks so that parents with similar needs and similar experiences may attend group sessions together. Group rotation also allows parents to meet and interact with a large number of other parents and potentially form friendships that extend outside of parents' nights.

Parents' group sessions are led by 1 or 2 staff members and an established parent group leader who serves as a mentor for newer parents. Parents' groups function much like members' static groups. Participants are given an opportunity to voice their concerns, needs, and problems in their relationships with their children or in their own lives; solicit advice and support from other parents; discuss specific transitional issues with other parents and clinical staff; and receive feedback and suggestions from other parents in the group. Clinical staff members moderate the group sessions, ensure that discussions follow a productive and therapeutic path, and encourage all parents' group members to speak during group sessions. Parents who are reluctant to speak within parents' group are asked several questions by clinical staff to encourage participation. Staff understand that parents often have a difficult time trusting other parents and clinical staff with intimate feelings and thoughts. Thus, staff allow parents to slowly become acculturated to the process of group sessions before calling upon them to share in-depth personal information.

Topics discussed in parents' group might include the following: how to discuss their child's drug treatment with the child's siblings; how to cope with familial stress resulting from their child's drug use; feelings of resentment and frustration toward the child; concern about a member's progress in treatment; concern about program rules regarding contact with residential center members; fears that a child might be planning to split treatment; anger at the chaos drug abuse has caused in the family; frustration with a spouse or extended family member who won't encourage the child to follow program rules when outside of the center; transitional issues and concern about the child returning from residential treatment; fear that the child may begin to use drugs again; concern that past issues and events may have caused too much damage to repair familial relationships; concern and worry about former peers who have tried to contact the child; and/or neighborhood temptations.

**Why:** Provides a forum for parents to discuss the concerns, worries, fears, and feelings related to their child's drug abuse and subsequent treatment.

Provides an opportunity for parents to examine their interactions with their child and understand how their relationship with their child might



## Section 8.1: Parents' Night

influence their child's recovery process. Helps parents understand their child's experiences in treatment. Encourages parents to support their children throughout treatment and to realize that changes in the adolescent also cause changes in the family.

Provides an opportunity for parents to share similar experiences with other parents and realize that they are not encountering these problems alone.

Encourages parents to interact with each other across racial, economic, and gender-based barriers. Provides a space for parents to form friendships.

Parents' attendance at parent groups provides concrete proof to members that their parents support their treatment and are willing to begin changing as well.

**When:** Every Wednesday night, after the parents' general meeting.  
Parents' group sessions generally last about 2 hours.

**Responsible:** Clinical Staff  
Parents

**Quotation:** **Gene:** And it's parent participation, it has to be. That's mandatory for the kids to stay in the program. So that was the reason I went initially. I didn't want to hear the bullshit with other people. I thought, "I've got my own headaches. Who wants to hear their headaches?" And that's the way I felt. And Petra used to tell me all the time, "You'll come around, you'll come around."...But something hit me. I went home one night, and I lied in bed, and I thought about it. And Tuesday, and Monday and Sunday, and I thought about Dynamite. And then I just turned it all round. Now, I look forward to going. I met a lot of nice people from Dynamite. People that I didn't want part of. But they were there for me when I needed them, and I'll never forget that....And it took me a while to realize it, that our group, our group is for us. Not our kids, and that group should be for us, not our kids. Our kids have their own group, that they can get their own problems out. This is a parent group. It's for us, I need help now as a parent. How do I deal with this as a parent? "Petra, you've been there, how do I deal with this? What do I do?" And Petra can tell me.

*Gene, Program Parent*

**Quotation:** **Felix:** Um, I actually think my mom attending parents' night is a good thing. Because our relationship has gotten a little stronger because she understands what's going on here. She's getting help for herself too. Because things that I did, you know, in my past, messed her up. They hurt her because she seen me killing myself and it put her through a lot. So, her coming here while I was upstate in residential and having other parents

## Section 8.1: Parents' Night

that she could talk to, you know, it was kind of like...it's support for her. She needs support just like I need support. So I think it's working out for the best. I think our relationship has gotten a little stronger. From her going to groups.

*Felix, Day Treatment*

## Section 8.1: Parents' Night

**Type of Service:** RUSSIAN-SPEAKING PARENTS' GROUP

**Description:** Given the overwhelming number of parents at NYC who are recent Russian immigrants, the program has found the need to offer group sessions for Russian speakers. If parents are Russian and have difficulty speaking English, they may initially attend the Russian-speaking parents' groups. The group sessions are run by a certified social worker proficient in Russian who contracts with NYC to provide this service. It is stressed that Russian-speaking groups are only for those who truly can't communicate their feelings in English, not for those who find it comfortable to speak only with others of their ethnic identity. While parents might initially begin parents' treatment by attending Russian-speaking parents' group sessions, it is expected that, at some point during the 3 years their child attends NYC, they will begin attending English-speaking group sessions.

**Why:** Allows Russian speakers to articulate their thoughts and feelings in a comfortable language and encourages Russian-speaking parents to participate in their children's treatment, even if they don't speak English very well.

Helps Russian-speaking parents acculturate slowly to NYC and American cultural norms and provides a style and method of treatment to which Russian-speaking parents can relate.

**When:** Every Wednesday night, during regular parents' group sessions. Parents' group sessions generally last about 2 hours.

**Responsible:** NYC's Russian-Speaking Group Leader  
Russian Translator  
Russian-Speaking Parents  
Clinical Staff Members

**Quotation:** **Interviewer:** Why is there a Russian parents' group?  
**Orrin:** Because there's a language barrier. They're afraid they're going to say something wrong.  
**Petra:** And it's so hard when you're trying to express yourself, and then you go to somebody to translate it, because you know, you lose a lot in the translation. And it's frustrating. It's frustrating for them to really want to say what they have to say, so it takes trust. Once they have that trust they start calming down, because that's the main thing. Once you calm down, then you can say what you have to say in English, and when people just listen and don't make fun of a Russian accent, then they trust, and it becomes easier for them. But it's hard at first, and Russian is more comfortable for them.

*Orrin and Petra, Program Parents*

## Section 8.1: Parents' Night

**Tula:** Now we have a Russian group that's done in Russian, because there's such a language barrier...I've had, what I call, one of the groups was the funniest, I called it my Italian group. We had so much translating, that one night I walked in and I said, "Tonight, we're doing the group in Italian." I wanted the English-speaking people to experience what it has to be like to sit in a group where you don't understand what's going on.

*Tula, Program Parent*

## Section 8.1: Parents' Night

**Type of Service:** PARENT-CHILD GROUP

**Description:** At least once during their child's treatment at the Brooklyn center, parents attend a series of parent-child group sessions in place of regular Wednesday night parents' group. Children and parents participate in parent-child groups for 16-week periods and are hand-picked by the executive director based on family need and group dynamics. Groups usually include 4 to 5 member/parent couplings and two clinical staff members. Any parent(s)/guardian(s) that a member is currently living with are strongly encouraged to participate in parent-child groups, including step-parents. The topics discussed in these groups are based upon conflicts within the parent-child relationship. Under the direction of the executive director, members and parents discuss their communication problems and share coping techniques and suggestions in order to better understand one another. (For more on parent-child groups, please see Section 5.3.1.)

**Why:** Provides space for members and their parents to discuss difficult familial issues in a controlled and understanding environment with the support of program staff.

Encourages families to learn from each other's experiences and find common solutions to mutual problems. Illustrates to members and parents that their conflicts and problems are not necessarily unique to their own situation and are also experienced by others.

**When:** Wednesday nights, in 16-week rotations.  
Parent-child group sessions generally last about 2 hours.

**Responsible:** Executive Director and Clinical Staff Members  
Parents' Group Leaders  
Individual Members  
Parents of Members

**Quotation:** **Mariah:** The best group I was in was the one, Logan and I were in one together, a parents' group with the kids. And as far as I'm concerned, I've actually been realizing how much of a role parents really do play, even though my son is older.

**Talia:** This is very good. I just have experience for four months with this thing in the group, fight, scream, very good...For what I was coming we talk with Gloria <daughter>. Everybody, I mean, all parents and members give advice.

*Mariah and Talia, Program Parents*

## Section 8.1: Parents' Night

<b>Type of Service:</b>	<b>MEMBERS' ACTIVITIES DURING PARENTS' NIGHT</b>
<b>Description:</b>	While their parents attend Wednesday night parents' meetings and group sessions, members fill out trip sheets and socialize on the building's first floor. They talk in small groups, play cards, and relax. When appropriate, some members attend parent-child group sessions or orientation group sessions with parents of recently transferred members.
<b>Why:</b>	<p>Provides an opportunity for members to spend free time together and to socialize with each other in a relaxed environment.</p> <p>Reinforces the importance of parents and children going through treatment together and provides proof to members that their parents are attending parents' meetings and group sessions.</p> <p>Ensures that members are in a safe location while their parents are away from home.</p> <p>Provides members and parents with time to talk alone as they travel home together.</p>
<b>When:</b>	Every Wednesday night, during parents' night. Approximately 8:00 p.m. to 10:30 p.m.
<b>Responsible:</b>	Individual Members Clinical Staff Members
<b>Quotation:</b>	<p>I mean my parents are involved a lot in the program. And, it just makes me...when I'm home, it makes me feel better 'cause I know at any point I can go grab my mother if anything and talk to my mother or my father. They understand the program. They know what it's about. You know. I like that. It makes me feel good. I feel like I never left Dynamite. I'm still home, in Dynamite.</p> <p style="text-align: right;"><i>Isaac, Re-Entry</i></p>
<b>Quotation:</b>	<p>When you have support—support of you parents—it's just great. Because there is some kids whose parents like <u>don't</u> care <u>completely</u>. They don't come here and I don't really understand how those kids make it. I just don't. Because you gotta be on your own. It just feels good when you feel like your parents are participating and <u>like</u> something that you're doing.</p> <p style="text-align: right;"><i>Eryk, Day Treatment</i></p>

# **Section 8.2: Parent Support/Communication**

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Phone Calls With Other Parents	432





## Section 8.2: Parent Support/Communication

**Type of Service:** PHONE CALLS WITH STAFF

**Description:** Parents may call the program at any time the residential or Brooklyn center is open to speak with clinical staff about their child's treatment. Without breaking confidentiality codes, and where appropriate, clinical staff provide updates and answer parents' questions about their child's progress in treatment, discuss certain issues their child is dealing with at the moment, and address any concerns parents might have. Parents may also discuss familial issues that might impact their child's treatment during phone calls with clinical staff. In the event of an emergency such as death or illness in the extended family, parents discuss the issue with clinical staff, and together staff and parents decide whether the member should attend the funeral and/or take time away from treatment to be with family members.

**Why:** Ensures that parents have a format for obtaining information about their child's progress in treatment and provides an opportunity for parents to discuss program rules and regulations with clinical staff.

Ensures that parents have a confidential format to discuss sensitive issues and familial problems that they are not comfortable discussing during parents' group sessions.

**When:** Parents may call at any time the center is open. If clinical staff are unable to take a parent's call, the call is returned within several hours.

**Responsible:** Parents  
Clinical Staff Members

**Quotation:** The staff at Dynamite, they were fantastic with me. They put up with a lot of crap to bring my son back into this program. OK? They didn't have to do that, they've got enough headaches of their own with these other kids. If my son didn't want to help himself, well, you know, "We're here for you, and if you don't want the help, there's other kids in the program that do want help." And luckily for me, I kept in contact with a few of the staff. They just spoke to me and told me what I had to do.

*Gene, Program Parent*

## Section 8.2: Parent Support/Communication

**Program**

**Procedure:** PHONE CALLS WITH OTHER PARENTS

**Description:**

Parents are encouraged to form relationships with one another both in the treatment context and as a parental support network outside of treatment. Parents who are new to the program receive weekly evening calls from a program parent whose child has been attending DYC for several months or years. The established parents answer any questions that new parents might have, discuss personal experiences, provide coping strategies where appropriate, and act as a guide to new program parents. In this way, friendships are formed, and bonds strengthened as parents help each other navigate through their children's drug abuse and treatment. Once they have become comfortable with attending DYC parents' nights, newer parents are encouraged to give back to the program by calling brand new parents and offering their support and encouragement. Parents are often able to provide firsthand perspective and support to each other. In addition to calling new parents, established program parents are also encouraged to exchange phone numbers with other parents so that they may contact each other between parents' nights should they wish to.

**Why:**

Encourages parents to form friendships and support networks with other parents of DYC members and ensures that parents have support at all times, not just during parents' nights.

Provides new parents with space to share feelings and ask questions of established parents outside of the treatment context.

**When:**

Parents are encouraged to call each other at least weekly, and more often if desired. Calls may take place at any time of the day or night.

**Responsible:**

Parents

**Quotation:**

**Petra:** And I've been working a lot with the new people, calling them constantly. And I'm bombarded. I'm bombarded every week with new parents talking to me, okay? Now they're talking to me because I'm a parent, and they feel better talking to me than they do to staff, because it's uncomfortable at first, or in group, in orientation, because they really can't even get it out, they're still going over the rules.

**Orrin:** Not only that, they don't feel like they fit yet.

**Petra:** So they're saying "I don't want to interrupt in group, and my problem's not that big, I just miss my son." You're not going to tell staff you miss your son, you'll tell me you miss your son. And I'm going to say, "You know, you're right: you miss your son!" And I'm going to give them a mother's point of view on how I got through it. But they're not ready to say that in group, that "I'm crying about my son every day," or,

## Section 8.2: Parent Support/Communication

“I’m fighting with my husband about the situation.” They’re not ready yet.

**Merika:** It’s good they can come to you.

**Petra:** But I’m bombarded. I’m telling you, every week I’m late for group because all the new mothers and fathers know they can talk to me.

*Petra, Orrin, and Merika,  
Program Parents*

### **Quotation:**

My mother comes and she really participates here. She’s a really good friend to a lot of mothers. They go out on their own to dinner and stuff like that. She invited half the mothers to her birthday party. She’s really close with a lot of the mothers. One of the mothers she talks to every day on the phone. Every day, religiously. This woman calls my house every day. “Oh hi!” I’m like, “Hi.” <laugh>

*Faith, Day Treatment*



# **Section 8.3: Additional Parental Responsibilities**

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## Section 8.3: Additional Responsibilities

<b>Organization:</b>	<b>DYNAMITE BOARD OF DIRECTORS</b>
<b>Description:</b>	The Dynamite Board of Directors organizes and oversees fundraisers and activities for the family treatment portion of DYC. Board members are elected by parents annually and generally serve for a year; no two members of the same family may serve on the board concurrently. Board members run the parents' meetings, organize fundraisers, keep track of the <i>item of the week</i> , liaison with clinical staff, and collect <i>weekly dues</i> . The Board secretary takes minutes at each weekly parents' meeting. Board meetings are held 1 Wednesday per month and may be held more frequently if necessary. (For more information on the Dynamite Board of Directors, please see the Dynamite Board of Directors bylaws in <b>Appendix F</b> ).
<b>Why:</b>	<p>Provides a formal structure for parents to participate in and influence parent association activities, fundraising events, and other program activities. Ensures consistent administration for parents' meetings.</p> <p>Provides parents with an opportunity to give back to the DYC community and encourages parental participation in program activities and program decisions.</p> <p>Provides an opportunity for parents to exercise their voice in parental association decisions.</p>
<b>When:</b>	Board members meet one Wednesday evening per month before parents' meetings. Board members attend all program parental and fundraising activities and must be present at each parents' night.
<b>Responsible:</b>	Parents elect the Dynamite Board of Directors Overseen by the Executive Director
<b>Quotation:</b>	<p><b>Raymond:</b> We raise money sort of to put some icing on the cake, so to speak. With our fundraising, we get things for these kids, that no other program really can get for them, because they don't <u>have</u> that kind of money.</p> <p><b>Mina:</b> Well, we may call it, you may call it icing on the cake, but it's not <u>really</u> icing on the cake....You want things to be safe. You want things to be in good repair. The parents are making the decisions. The parent goes up and looks at the place and wants to see something substantial.</p> <p style="text-align: right;"><i>Raymond and Mina, Dynamite Board of Directors</i></p>

## Section 8.3: Additional Responsibilities

<b>Parent Responsibility:</b>	<b>PARENTS' GROUP LEADER</b>
<b>Description:</b>	Once they have completed two years of parents' group sessions, parents may request to serve as parents' group leaders ("established parents") and assist clinical staff members in leading parents' group sessions. Parents' group leaders are generally parents who have exhibited exceptional skills in empathy, and who have an ability to relate to parents from many different social, economic, and cultural backgrounds. Once they have been approved by the program director and the executive director, parents' group leaders attend two meetings per month with the executive and program directors and are trained in clinical therapeutic practices, listening skills, and appropriate empathetic responses. If clinical staff feel that individual parents' group leaders are not working out, they may be asked to step down, and/or may be offered other responsibilities within the parents' association.
<b>Why:</b>	<p>Provides an opportunity for newer parents to learn from parents who have been participating in DYC for several years, and allows newer parents to receive support and advice from parents who have gone through similar experiences and emotions.</p> <p>Recognizes the accomplishments of parents who have attended the program for several years and provides an opportunity for parents to give back to the DYC community.</p>
<b>When:</b>	Parents may request to be parents' group leaders when they have attended the program for at least 2 years. Parents may serve as parents' group leaders for a period of 10 weeks at a time, and may request to serve for additional periods of time if desired. The executive director reserves the right to accept or deny a request.
<b>Responsible:</b>	Executive Director Brooklyn Center Program Director
<b>Quotation:</b>	<p>I asked if I could become like group leader. I asked if I could help lead orientation group. And I went into orientation. And I was in there for about 3 months or so. And I started liking it more and more.</p> <p style="text-align: right;"><i>Logan, Program Parent</i></p>



## Section 8.3: Additional Responsibilities

<b>Parent Responsibility:</b>	<b>ITEM OF THE WEEK</b>
<b>Description:</b>	Each Wednesday night, parents are asked to make a contribution of typical household supplies which will be used at the residential and Brooklyn centers. These supplies range from napkins, toilet paper, and paper towels to soap, nails and screws, shampoo, plastic storage bags, and/or paper cups. At the close of every parents' meeting, the item of the next week is announced. The type of supply is determined by DYC based on the needs of both the Brooklyn center and the residential center. Items are collected each week at the beginning of the parents' meeting. Donations are given on the honor system and parents are expected to contribute when they can.
<b>Why:</b>	Keeps DYC overhead low and ensures that both centers are provided with adequate supplies.  Provides a method for parents to give back to the program.
<b>When:</b>	Items are collected at the beginning of every parents' meeting.
<b>Responsible:</b>	The Dynamite Board of Directors Parents

## Section 8.3: Additional Responsibilities

<b>Parent Responsibility:</b>	<b>WEEKLY DUES</b>
<b>Description:</b>	<p>Parent association dues, paid weekly, are used to cover the cost of goods and services for the members that are not provided for in the NYS OASAS budget. The general fee set for parents is \$30 per week for members at the residential center and \$15 per week for members at the Brooklyn center. If a parent is unable to pay weekly dues due to financial constraints, they may be charged dues on a sliding scale, or they may be exempted from paying dues for a period of time.</p> <p>Dues are paid each Wednesday night at the beginning of parents' meeting. Money is collected and recorded by volunteer parents and the total is reported at the same night's meeting. Money from dues is used to pay for upkeep of NYC's 2 centers as well as equipment and recreation for the members.</p>
<b>Why:</b>	<p>Ensures that all adolescents who require and are appropriate for treatment at NYC are able to attend treatment regardless of their parents' financial status.</p> <p>Pays for program expenses not covered by state funds and outside contributions.</p>
<b>When:</b>	Dues are collected at the beginning of every parents' meeting.
<b>Responsible:</b>	The Dynamite Board of Directors Parents Clinical Staff Members

## Section 8.3: Additional Responsibilities

<b>Parent Responsibility:</b>	<b>FUNDRAISERS</b>
<b>Description:</b>	All parents are expected to participate in DYC fundraisers, held approximately once a month. All fundraisers are planned and implemented by the Dynamite Board of Directors and typically include dinner dances, an advertising journal, a walk-a-thon, raffles, flea markets, candy sales, sponsored walks, parent vs. member sporting events, and card parties. The expected form of participation varies and is dependent upon the type of fundraiser. For example, parents are asked to donate their time and any old belongings they might be able to sell for the center's annual flea market. Parents are expected to attend program fundraising activities and are encouraged to interact with other parents and members.
<b>Why:</b>	<p>Encourages parents to become comfortable with acknowledging that their child is in drug treatment at DYC and provides interesting activities for parents and members to participate in together.</p> <p>Helps defray the cost of treatment for members and parents who can't afford to pay weekly dues.</p> <p>Encourages parents to form friendships with other program parents.</p>
<b>When:</b>	Approximately once per month. Fundraising events usually take place on an evening or a weekend afternoon.
<b>Responsible:</b>	The Dynamite Board of Directors Parents Clinical Staff

## Section 8.3: Additional Responsibilities

<b>Parental Expectation:</b>	<b>MONITORING MEMBERS' BEHAVIOR</b>
<b>Description:</b>	<p>During home visits from the residential center and once their child has transferred to Brooklyn and lives at home, parents are responsible for monitoring their child's whereabouts and activities. Parents are encouraged to ask where their children are going, who they are going to be with, when they will return, and whether the outing has been authorized by the program. If a member's old friend or someone who seems suspicious calls or attempts to see the member, parents are encouraged to report the incident to program clinical staff.</p>
<b>Why:</b>	<p>Encourages parents to play an active role in their child's treatment and helps members understand that their parents care about them and their treatment progress.</p> <p>Ensures that the pathways of communication between parents and clinical staff remain open and productive, and allows clinical staff to assess whether members are engaging in activities antithetical to treatment ideals.</p>
<b>When:</b>	<p>Monitoring behavior occurs during all of the member's free time, within reason.</p>
<b>Responsible:</b>	<p>Parents</p>
<b>Quotation:</b>	<p>My parents are like pretty orientated, my mom goes to the events and whatnot. And they confront me a lot, so that's cool. It's like, they'll be like, "Oh <u>can</u> you go out right now?" We have orientation when we first come in, and ever since then, they've been like, "You can't go out now. You don't have a trip." Like things like that, and I have to explain it to them. So they're always putting me through confrontation, so <u>that's</u> good. I mean in a way I don't like it, 'cause it's like "Get off my back. Like, come on." But at the same time, I know that I can't get away with things as much as I normally would be <u>able</u> to.</p> <p style="text-align: right;"><i>Everett, Day Treatment</i></p>

## Section 8 Key Points Summary

### Key Points Summary

- DYC considers parental participation an integral part of members' treatment. Therefore, members' parents or guardians are expected to attend DYC parents' nights every Wednesday night for the duration of their child's tenure in treatment.
- Parents of new members attend orientation group sessions during their first few parents' meetings to learn about program rules, regulations, and expectations, and to learn about treatment at a therapeutic community.
- The Dynamite Board of Directors, comprised of program parents, serves as the governing board for DYC family treatment. Board members are elected by parents and generally serve for year-long terms. The board's main responsibility is to organize fundraisers to cover program costs and to ensure that parents' concerns are promptly and properly addressed with program staff.
- Parents' night begins with a general meeting, presided over by the Dynamite Board of Directors. Fundraising, dues, and program events are usually discussed at the meeting. Parents' group sessions follow the general meeting. Group sessions are led by a staff member, and discussions usually center on personal or parenting issues.
- DYC offers Russian-speaking parents' groups for Russian parents who can't communicate in English.
- In order to ensure that members are in a safe location while their parents are away from home, members stay at the center and socialize with each other during parents' night. Members travel home with their parents at the end of the night.
- Parents are encouraged to call staff or other program parents with questions about the program. They are also encouraged to form personal relationships with program parents and provide support for one another on a friendship basis.
- Parents are eligible to become parents' group leaders after they have attended two year's worth of parents' group sessions and special training sessions.
- Weekly dues are collected at each parents' meeting. The fee is \$30 for a member in residential treatment and \$15 for a member in Brooklyn treatment.
- All parents are expected to participate in DYC fundraisers by donating their time. Fundraisers include raffles, candy sales, dinner dances, etc.
- All parents are expected to monitor their child's whereabouts and activities for compliance with DYC program rules.

## Section 8 Key Points Summary

# **Glossary**





## Glossary: Therapeutic Community and DYC Terminology

Because they are cultures themselves, therapeutic communities often breed a language of their own. What follows is a current glossary of everyday terms used at DYC by members and staff. The dynamic nature of the community as a whole ensures that new words may be added and old words and phrases may be dropped as the culture, the members, and the treatment itself changes throughout the years. Director William Fusco recounts what he terms, the “Blue Broom Syndrome” in which all long-handled push brooms became known by members as “Blue Brooms” due to the original color of their handles. While the blue-handled brooms eventually broke and were replaced by brooms with orange, red, and yellow handles, the name stuck.

**Acquisitions Crew**—A Brooklyn center work therapy crew responsible for calling local businesses and asking for donations of supplies for the program.

**Act as If (Act as if and it shall become)**—Although you may not agree with rules and regulations in the program, act as if you do. Although you may not feel particularly in control of your life, act as if you are. Put the best foot forward and the outcome will most likely be good. Control your negative emotions.

**Afternoon Meeting**—A logistical meeting for members and staff that occurs weekdays after lunch and before group therapy or seminar.

**All Needs**—see *spare parts*.

**Behavior Modification**—Members who break program rules or who act in an inappropriate manner toward other members or staff members may receive one of the program’s behavioral reprimands and may be placed on a *learning experience* or *contract*. Through behavior modification techniques, members learn to regain (or gain) a sense of control over their lives and their own reactions and to act in an appropriate manner within a community. Behavior modification teaches responsibility toward oneself and social responsibility toward others.

**Behavior Monitoring**—Staff monitors members’ daily behavior within the program. Members who break program rules are placed on a contract, *learning experience*, or other disciplinary action.

**Bench**—Members who wish to leave the program must sit on the bench (located in the residential and day treatment center’s main rooms). The bench serves as a space for quiet reflection and contemplation before members take action that will jeopardize their treatment and their future.

**Big Brother/Big Sister**—A middle or upper peer who is assigned to help an induction member become familiar with DYC rules, morals, and concepts.

**Brooklyn Center**—DYC’s day treatment and ambulatory center where day treatment, re-entry, and phase-ambulatory members attend treatment and where parents attend Wednesday night parents’ meetings and parents’ group.

**Bum Squad**—A disciplinary action (contract) in which the member is required to perform particularly undesirable chores such as washing all of the greasy dishes in the kitchen, or cleaning the toilets and scrubbing the bathroom floors. Members assigned to a bum squad may not talk to *induction members* and may also be on a *talking ban* with other peers.

**Cardinal Rules**—Three essential rules of treatment at DYC: 1. No using drugs, alcohol, or chemicals of any kind (no getting high). 2. No physical violence (no threatening violence). 3. No breaking confidence (especially group confidence). Breaking the Cardinal Rules may result in expulsion from treatment.

**Carom Shot**—Talking with one person, but the message is meant for another.

**CASAC**—Credentialed Alcohol and Substance Abuse Counselor. A credential required by New York State for substance abuse counselors. All staff members either currently hold CASAC credentials or are working toward credentialing through educational classes and seminars they attend on their own time.

**Checking In**—Phase-ambulatory members are encouraged to contact or check in with program staff and/or other phase-ambulatory members on a regular basis to ensure that they are provided with adequate emotional support as they create their own lives outside of the treatment context.

**Chief (Chief Expediter)**—The *expediter* work crew leader, responsible for organizing all members of the expediter crew and for keeping an eye on all other work crews. The second highest *status* position in the *house*.

**Clerical Crew**—One of the DYC work crews. Clerical crew members are responsible for documenting behavior reprimands, staff in/out of the house, members who leave the premises and the reasons, and all member *trips*. When the receptionist is not present, clerical crew members answer the DYC phones and greet visitors to the center.

**Closed House**—When DYC staff feel that a number of members need to work on similar issues, they close the house in order to give members the chance to work on problems without outside interactions to distract them. During a closed house, all member privileges are suspended and members may only talk to staff, other members, and their parents or siblings.

**Commissary**—Room located next to the kitchen where snacks, cooking supplies, and other food is stored.

**Commissary Crew**—Work therapy crew responsible for logging and maintaining the center’s food supplies and ensuring that food is fresh. Crew members order bulk food from local companies when supplies begin to run low.

**Completion**—A graduation ceremony for members who have completed all 4 phases of the DYC program. Families, friends, and current members are invited to the completion ceremony. At the ceremony members are encouraged to talk about their path towards successful recovery and rehabilitation.

**Completion/Completion Member**—A member who has completed the DYC program and has participated in the completion ceremony; an alumnus.

**Comprehensive Records Manager**—A DYC employee at each center who oversees all members' clinical, vocational, legal, and medical records and ensures that records are up to date and accurate.

**Concept/Core Concept (DYC Core Concepts)**—A word or phrase which promotes thoughts about *right living*. Words or phrases that members are encouraged to think about and apply to their daily actions and contemplation. (See examples of concepts in **Appendix B**)

**Confrontation**—A type of individual counseling. A member is confronted by staff and other members about a particular behavior being exhibited and given the opportunity to discuss the behavior in a supportive and caring atmosphere. Similar to an impromptu group session in which only one member's behavior/attitude is addressed.

**Contract/Learning Experience**—A disciplinary action taken by staff when a member breaks program rules. Learning experiences can include talking bans, spread actions, sent to the pan, *bum squad*, or *spare parts*. A contract gives the member time to re-think inappropriate behavior. All privileges are revoked when a member is on a contract/learning experience.

**Coordinator**—see *house coordinator*.

**Daily Living Skills**—Skills needed to maintain an independent and productive drug-free lifestyle. Daily living skills are learned at the residential center, practiced while members attend day treatment and re-entry, and should be part of member's daily routines as they progress through phase-ambulatory toward program completion/graduation.

**Daily Reading**—An inspirational reading read each morning during *morning meeting*. Staff choose the daily reading each day and members are given an opportunity to share their thoughts and feelings about the reading.

**Data Sessions**—Informational group meetings for *induction members*, held at the residential center on weekends in place of free time activities. Data sessions help new members become familiar with DYC's rules, values, and mores.

**Day Treatment/Day Treatment Member**—The second stage of treatment at DYC. Day treatment occurs Monday through Friday from 9:00 a.m.–6:00 p.m. and Wednesdays until 10:30 p.m. Members who attend the Brooklyn center 5 days per week are day treatment members.

**Decorative Crew**—The Brooklyn center work therapy crew responsible for maintaining the building’s interior beauty. Decorative crew members paint the center’s walls, make minor repairs to the interior structure, and create pictures, signs, and inspirational sayings to hang on the walls. Crew members may also help staff choose new doors, light fixtures, and other elements when major repairs are underway.

**Department Head (DH)**—A step in the work crew hierarchy structure. As the highest authority on each individual work crew, the department head serves as the crew’s leader. Generally only *older members* may become department heads.

**Dorm Head**—Members at the residential center responsible for ensuring that all dormitory residents have completed their *hallway chores*. A status position within the house.

**Drop a Slip (Drop Slips)**—Rather than confronting each other in inappropriate circumstances, members drop a slip (see *slip box*) if they desire to address another member’s behavior or attitude. Slips are collected by staff at lunchtime each Monday and Friday. Members are assigned to encounter groups based upon the slips they drop so that they may confront the other member’s behavior or attitude in the appropriate context—group therapy.

**Drop Guilt**—Confessing to the general house or in group therapy that one has committed a transgression against DYC house rules, or has committed an act which might jeopardize her/his or another member’s treatment (or is thinking about committing a transgression against house rules or her/his treatment).

**DYC**—Dynamic Youth Communities, Inc. or Dynamite Youth Center. General acronym used to refer to both branches of organization: Dynamic and Dynamite Youth.

**Dynamic Board of Directors**—Responsible for overseeing the treatment aspect of Dynamic Youth and for monitoring and planning future program goals. The Dynamic Board of Directors also settles any disputes between staff and program directors (see **Appendix F** for Dynamic Board of Directors Bylaws).

**Dynamic Youth**—The treatment oriented aspect of DYC. Overseen by a board of directors appointed by current board members. Responsible for monitoring treatment and planning future program goals. Dynamic Youth is the branch of DYC which contracts with the New York State Office of Alcoholism and Substance Abuse Services and holds treatment licensure.

**Dynamite Board of Directors**—A group of officials elected by the parents’ association that oversees the parents’ program and DYC fundraising activities (see **Appendix F** for Dynamite Board of Directors Bylaws).

**Dynamite Minute**—Time provided for individual parents to share updates about their child’s progress in treatment or announce other significant family events during the general meeting on parents’ night.

**Dynamite Youth**—The parent organizational component of NYC. Overseen by a board of directors elected from and by members’ parents/relative sponsors. Dynamite owns the program buildings and facilities. Dynamite primarily plans, implements, and monitors fundraising activities.

**Encounter Group**—Group meeting composed of 5-12 members and 1 or 2 staff members. In encounter group, members discuss the *slips* they have dropped on each other over the past few days. Encounter groups are held at both the residential center and the Brooklyn center on Monday and Friday afternoons.

**Escort**—A residential center middle peer or upper peer who escorts another member on his/her weekend home (*home visit*), or during a *trip* to Brooklyn for court and/or doctors appointments. The escort acts as a source of support for the member and ensures that members comply with program rules during their time away from the center.

**Established Parent**—A parent who has been regularly attending parents’ night for at least one, but preferably two years and who is willing to provide support for incoming parents and talk to them about program rules and expectations.

**Evening Meeting**—House meeting held each evening before the day staff leave. Evening meetings serve to wrap up the day’s events and give members and staff a chance to hand out *pull-ups*, give announcements, talk about evening activities, and discuss the issues for the coming day.

**Expediter(s)**—The most prestigious of the NYC work crews. Expeditors are responsible for monitoring the house and keeping track of all other members in the facility. Expeditors ensure that work crews are functioning well and remain on task. They log and report any unusual or suspect behavior or actions and any incidents they witness during their rounds. Expeditors routinely perform member counts and locate individual members for staff. Generally, only *older members* serve as expeditors.

**Extended(s)/Extended Groups**—Long group therapy meetings which last between 7 and 18 hours, depending on the members present and their individual issues being discussed. Extended groups break for meals, but not for sleep.

**Family, the**—All members and staff at NYC are referred to as “the family” to illustrate the community atmosphere, sense of trust, and therapeutic community bonds.

**Family Outing**—When a large group of members leaves the residential center property for a field trip, it is known as a family outing. Family outings are usually daylong events and can include picnics at a state park, swimming at a lake, or competitive sporting events.

**Family Visit**—see *in-houses*.

**Floor, the**—The main gathering areas of the residential and Brooklyn centers are called the floor. Members are encouraged to always maintain productive conversations and relationships with each other when they are on the floor.

**Floor Privileges**—Members at the residential center who hold *status* within the house may be granted floor privileges. These members are permitted to remain in the main house for a half hour to an hour after curfew and watch TV or play games. Floor privileges must be requested by individual members and must be earned through hard work and responsibility. They are not automatically granted.

**Gardening Crew**—The residential center work therapy crew responsible for maintaining the center’s peace, vegetable, herb, and flower gardens. Crew members raise seedlings in the center’s greenhouse room, plant and tend the plants, weed, and pick vegetables and herbs. In the fall and winter, crew members may help rake leaves and shovel snow.

**Gender Group**—A group composed of only male members and staff or only female members and staff that discusses gender-specific issues and/or issues which are difficult to discuss around members of the opposite gender (i.e., sexual abuse, body image, attitudes toward dating, etc.).

**General Inspection (GI)**—A general inspection is held by residential center staff each Thursday night. In preparation for the inspection, members ensure that all of their work crew areas and dorm rooms are in order. Crews and/or dorms whose areas do not pass general inspection may have their privileges temporarily revoked.

**General Meeting (GM)**—A house meeting that takes priority over anything else going on at the center. A general meeting is called when a group of members is exhibiting behavior considered to be inappropriate for treatment progress and/or harmful to the *house*. Members’ behavior is addressed in front of the *family* (staff and other members) and they are asked to explain their actions to their peers and staff members.

**General Worker (GW)**—A work crew member who does not have status on his or her work crew (i.e., all members who are not ramrods, department heads, or house coordinators, or do not serve on the expediter crew).

**Give Back**—If members and/or parents feel that they have benefited personally from involvement with NYC, they are encouraged to “give back” to the program by participating in parents’ night, volunteering to help out at program fundraisers, and volunteering to help other new members or talk to new parents.

**Give(ing) Info**—When members return to the residential center after a weekend visit home, they are required to tell staff (give info) about any familial problems which occurred, any negative thoughts or feelings they had while home, and any old friends they encountered. Brooklyn members give info at the beginning of each day. Members may also give info about any other topics they feel are relevant. Giving info provides members with a space to discuss difficult events which occurred outside of the treatment day and serves to inform staff of members’ potential trigger points.

**Graduation/Completion**—Completing the program. Graduation celebrations and ceremonies are held at NYC when a group of *phase-ambulatory peers* is ready for program completion—generally twice a year.

**Gray Tiles**—A spot in the meeting area of the main house at the residential center. Members about to be transferred to day treatment stand on the tiles during a house meeting and address the residential center community, reminisce about their treatment experiences thus far, and say goodbye to residential center members and staff.

**Green Ribbon**—*Induction members* (new entries into NYC) wear a green ribbon on their clothes for one month following their induction into NYC. The ribbon reminds all other members that the member is new to the program and may need additional guidance and kindness. When the member has completed approximately 30 days in the program and has begun to illustrate a basic commitment to attending NYC, the member's green ribbon is removed and he/she receives lower *peer status*.

**Group (Therapy)**—The primary type of treatment at NYC (although work, school, *house meetings*, *one-to-ones*, *seminars*, and structured daily life are all considered forms of treatment). Generally, 5 to 12 members attend each group session with one or two staff leaders. Groups are always held on Monday, Wednesday, and Friday afternoons. Additional groups are called as needed throughout the week.

**Guilt**—Guilty feelings which result from breaking program rules, entering into *negative contracts* with other members, etc.

**Guilt Kills**—Internalizing guilt increases the risk that a member may attempt to leave the program or become extremely upset, hurt, angry, or frustrated with himself/herself or someone else. These repressed feelings can be very detrimental to an individual's treatment process. In this way, guilt kills. Members are encouraged to *drop guilt* before it causes them too much mental or physical stress.

**Haircuts**—Verbal reprimands administered by staff when members have committed severe or repeated transgressions.

**Hallway Chores**—Daily chores performed by all members in the residential center dorms each morning. Hallway chores are assigned on a rotating basis and are overseen by the dorm head, who ensures that the chores are being performed correctly and punctually. Hallway chores include cleaning the dorm bathrooms, vacuuming, dusting, and ensuring general upkeep of the dormitory and its common spaces.

**Hold Your Belly**—In order to ensure productive relationships, members are instructed not to react to incidents/statements when they happen on the floor. Rather, members are asked to “hold their bellies,” or give themselves time to cool down.

**Hold/Holding Things**—Placing things in one's closet, dresser, or other personal space. Members are not allowed to touch another member's personal items without permission.

**Holding Guilt**—Not telling other members and staff about one’s guilt. Guilt is accrued by breaking program rules, not complying with program ethics, or not fully participating in program activities and goals. Members who are not expressing their feelings are holding their guilt.

**Home on Request**—When a residential center member returns home for a weekend to visit his or her family they are “home on request.”

**Home Request**—When a residential center member wishes to return to New York City for a weekend visit with his/her family, he/she writes a half-page request listing reasons for the visit, discussing potential activities which would occur during the visit, and addressing his/her current relationship with family members. Staff review these requests during clinical staff meetings.

**Home Visit**—When a member returns to New York City for a weekend visit with his/her family. Home visits occur once the member has been in the program for three to four months and has achieved *middle peer* status. Staff review each home visit request and weigh parental progress in weekly meetings as well as the member’s progress at the residential center before granting home visits.

**House**—The entire DYC facility and all the members and staff in it. Similar to *floor*.

**House Ban(s)**—Day treatment and Re-entry members’ house ban status determines the amount of time they may spend away from their parents’ house in the evenings without prior permission from the program. As members obtain more status in the program, they are granted 1, 2, or 3 hour reprieves, and/or no house bans.

**House Beautification Crew (House Beauty Crew)**—The residential center work therapy crew responsible for painting, varnishing, and maintaining the center’s building interiors. House beautification crew members also complete minor repairs such as spackling, patching holes, and fixing loose tiles.

**House Coordinator**—The member or members who oversee all work crews and work crew activities. The highest *status* position in the house.

**House Driver**—A trusted driver who is responsible for shuttling members back and forth between the residential center and the Brooklyn center. House drivers must have a clean driving record and exhibit exceptional responsibility.

**House Meeting**—Three daily meetings attended by the entire population of the residential or Brooklyn center. Longer meetings occur in the mornings and evenings, and shorter meetings occur just after lunch. House meetings are composed of similar activities each day and may be run by members or staff. (See *morning meeting* and *evening meeting* for more detail).

**House Rules**—Rules which fall one step under *Cardinal Rules*. Members who break house rules may be subject to expulsion, but will more likely incur stiff penalties within the program, potentially resulting in a learning experience, bum squad, or contract. The two house rules are:  
1. No breaking house bans. 2. No seeing old friends.



**Image Breaker**—An exercise usually done at one of the three daily meetings. Members are asked to act out something potentially embarrassing in front of the *family*. These activities give members a chance to work on their *uncomfortabilities*. Through image breakers, members learn to laugh at themselves, and learn to express themselves in front of a crowd. Examples of image breakers include: “pretend you’re bacon sizzling in a pan,” “sing a song with a pear in your mouth,” or “pretend you’re an angry dog.”

**In-House**—An in-house (in-house visit) occurs when a member’s family comes to visit at the residential center on Saturday or Sunday afternoon. In-houses must be requested and cleared with staff before they occur.

**Indictment Group**—see *encounter group*.

**Induction Member**—A member who has been in the program for less than one month and wears a green ribbon to signify his/her new entry status. Induction members should be accompanied by an *older member* at all times.

**Isolating (Isolate)**—A member who spends a considerable amount of time by himself/herself is considered to be isolating. Members are encouraged to mingle with each other in their free time and are watched by other members and staff to ensure that isolating does not occur—especially amongst newer members. Isolating, if left unchecked, may lead to *splitting* treatment.

**Item of the Week**—Parents and relative sponsors are asked to bring an item with them to parents’ night each week as a donation to the program (e.g., paper towels, soap, plastic cups).

**Job Changes**—see *work crew requests*.

**Keeping Tight**—Keeping the dormitory or lounge area neat, clean, and orderly (e.g., “Our bedroom isn’t tight”).

**Kitchen Crew**—The work therapy crew responsible for preparing the center’s daily meals. At the residential center the kitchen crew is overseen by a full-time chef. At the Brooklyn center, a staff leader and members are responsible for planning and preparing nutritious and well-balanced meals.

**Landscaping Crew**—The work therapy crew responsible for ensuring outside beauty at the residential center. Crew members mow the center’s grass, choose types of plants and flowers for outside pots, plant and tend to decorative flowers, design and erect signs for the center’s property, and make minor beautification repairs to the center’s outside structures. In the fall and winter, crew members are responsible for raking and mulching leaves and shoveling snow.

**Leaking**—Holding in feelings and letting them go in inappropriate situations. Members who do not express feelings in group therapy, one-to-ones, or other structured therapeutic environments, and then begin to cry or become angry out of context are said to be leaking. Members are encouraged to discuss their feelings with peers and staff frequently so that they don’t build up so much emotion that they begin to “leak.”

**Learning Experience/Contract**—A disciplinary action taken by staff when a member breaks program rules. Learning experiences can include talking bans, *spread actions*, *sent to the pan*, *bum squad*, or *spare parts*. A contract gives the member time to re-think inappropriate behavior. All privileges are revoked when a member is on a learning experience.

**Logs**—Books in which the center’s daily activities are recorded. There are logs for reception, disciplinary actions, work crews, expeditors, staff, and groups. *Clerical crew*, *expeditors*, and staff usually are responsible for keeping their respective logs up-to-date.

**Lower Peer**—A member who has earned his/her way off of the green ribbon and has been at the residential center for approximately 1-4 months.

**Maintenance Crew**—The work therapy crew at both centers responsible for making repairs to the centers’ physical structures, completing interior improvement projects, and completing minor electrical and plumbing repairs. When a new building is needed at the residential center, crew members help erect the building and finish the interior, including laying tile, installing sheetrock, etc.

**Mandated**—Members with open criminal justice cases who were court mandated into treatment at NYC.

**Master Trip List (Masters)**—The sheet which contains a documented list of all Brooklyn member *trips* planned for the weekend and the names of members participating on those trips. The master trip list is compiled each week by clerical crew members who have read through and documented members’ *trip sheets*. Residential center members returning to Brooklyn for weekends home must fill out trip sheets to be included on the master trip list.

**Member Counts**—*Expeditor crew* members perform member counts at the beginning of every house meeting to ensure that all members are present and accounted for.

**Member Runs**—Members of the expeditor work crew walk through the center property periodically and note the location of individual members throughout the day. If an individual member is needed in the staff offices, the expeditor is expected to locate the member quickly and accompany the member to the staff office.

**Members**—All NYC clients are referred to as “members” within the program to denote their status as members of the therapeutic community.

**Men’s Group**—A single gender group called specifically for boys/men to discuss issues they are hesitant to address in mixed-gender groups (see also *gender group*).

**Middle Peer**—Member who has been at the residential center for approximately 4-8 months and is beginning to show signs of commitment to her/his treatment process.

**Midnight Snack**—An evening snack served at the residential center at 9:30 p.m. Usually consists of a sugary or salty treat prepared by the chef and *kitchen crew* earlier in the day.

**Mind in the Streets**—Members are encouraged not to have their “mind in the streets.” That is, they are encouraged to concentrate on their treatment progress, their new communication style, and their peers in DYC rather than on the life they lived prior to entering treatment (the figurative or literal “streets”). When a member has his or her “mind in the streets” he or she is focusing on the thoughts and feelings associated with drug use.

**Model Family**—A general therapeutic community term that describes the familial structure utilized at the treatment center. Model families act as beneficial and supportive networks for individuals within the treatment program.

**Momdated**—Members whose parents refuse to take them home if they *split* treatment and members who feel otherwise pressured into treatment by their families are considered to be “momdated” into treatment.

**Morning Meeting**—A meeting that occurs each morning which serves to set the day’s mood by bringing together all community members at the beginning of the day. The Dynamite philosophy, creed, and cheer are all performed at this meeting, as well as morning *skits*, *image breakers*, staff and member updates, and *pull ups*.

**Negative Attitude**—Displaying a bad attitude toward treatment at DYC, toward others, or toward oneself.

**Negative Contract**—A street-based pattern of secrecy and lies to cover for a friend. Negative contracts prohibit treatment progress and are strictly banned at DYC. *Learning experiences*, *talking bans*, and loss of *status* occur when negative contracts are discovered by staff.

**Negative Image**—Members who display negative image may dress the way they did before entering treatment, or may revel in images, clothes, and/or music associated with drug use and abuse. Frequently occurs with *mind in the streets*.

**New Member**—A member who has been in the program for less than one month (see *induction member*).

**Old Friend**—Any person, other than family, that members associated with before treatment. Except in special circumstances, members may not contact or speak with old friends while they are in the program.

**Older Member**—Member who has been in the program for awhile and knows the ropes. Older members have some authority over younger members in work crew situations and on the floor, regardless of chronological age (see also *program age*).

**One-to-One**—An individual counseling session with a staff member.

**Out-House**—see *home visit*.

**Outside**—Anything or anyone who is not part of the DYC residential or DYC Brooklyn site.

**Pan, the (Pan Duty)**—Washing the pots and pans after meals. If no one is *sent to the pan* on that day, members volunteer at house meetings to work pan duty for the next meal.

**Parent-Child Group**—A 16-week group therapy session comprised of parent-child couplings and several staff members which occurs during parents' night. Parent-child groups are led by NYC's executive director or the Brooklyn center program director.

**Parents' Group**—A group designed specifically for members' parents which provides an opportunity for parents to process their thoughts and feelings regarding their child's entry into, tenure in, and progress through drug treatment.

**Parents' Group Leader**—An *established parent* who has attended training sessions with program staff and who has volunteered to help staff lead parents' group discussions.

**Parents' Meeting(s)**—Weekly meetings held during parents' night at the Brooklyn center. Parents' meetings provide an opportunity for parents and staff to exchange information about the program and serve as a space for parents to learn about adolescent alcohol and drug addiction and treatment.

**Parents' Night**—Weekly mandatory parental/relative sponsor gatherings composed of a general meeting, parents' group, seminars, and discussions. Parents' nights are held on Wednesday nights at the Brooklyn center.

**Peer(s)**—All members are program peers and are encouraged to rely on and support each other throughout the treatment process; however, "peers" may also refer to members who are at the same stage of the program and members who came into the program at approximately the same time. Peers generally transfer through the program's stages at the same time and are known as a *wave*. If all goes well, peers will *graduate/complete* the program together. Peers tend to become closer to each other than to other members.

**Peer Escort**—A residential center middle peer or upper peer who escorts another member on his/her weekend home (*home visit*), or during a *trip* to Brooklyn for court and/or doctors appointments. The escort acts as a source of support for the member, and ensures that members comply with program rules during their time away from the center.

**Peer Group**—Group therapy when the group is composed of members who are at the same stage in the program.

**Peer Modeling**—Peers are expected to exhibit good behavior so that they may, through their actions and words, serve as models for all other members within the program.

**Personals (Personal Items)**—Items such as shampoo, deodorant, facial soap, hairspray, etc. that parents furnish for members who reside at the residential center.

**Phase**—see *phase-ambulatory*.

**Phase-Ambulatory (Phase-Ambulatory Member)**—The final phase of DYC treatment. Phase-ambulatory members attend group meetings on Wednesday and Friday evenings at the Brooklyn center.

**Phone Request**—When a residential center member wishes to call his/her family members from the residential center, he/she submits a half-page request which discusses the reason for the call, who the member wishes to speak with, and potential topics that the member plans to address during the call.

**Plugging In (Plugged-in)**—Becoming committed to one’s own treatment; voluntarily upholding DYC’s morals, values, and rules.

**Pop Sheet (Population Sheet)**—Sheet containing members’ names, locations for the day, seniority in the program and work crew assignments.

**Pride and Quality**—Two of DYC’s mottoes. Members encourage each other to perform their work crew chores well and to take “pride and quality” in their work and living environment.

**Primary Clinical Records Keeper**—A clinical staff member who is responsible for collecting and recording all staff notes about specific clients for the clients’ clinical files. Each clinical staff member maintains clinical records for approximately 10–15 members. Primary clinical records keepers are not primary counselors.

**Program Age**—Members at DYC are referred to in terms of how long they have been in the program. Regardless of chronological age, “older members” are those who have been in the program for a longer time while “younger members” are those who have been in the program a shorter time.

**Program Stage Coordinator**—A clinical staff job function. Program stage coordinators serve as point people to whom members can go with questions about their particular stage in the program.

**Pull Up**—A member or staff member may issue a pull up, or verbal correction, when they see evidence of behavior inconsistent with TC values (e.g., leaving dirty dust rags on tables or not putting mop buckets away). Pull ups are anonymous and usually issued at morning or evening meetings.

**Pulling In**—Bringing a new member into the TC environment, giving another member instruction, and making a member feel welcome.

**Ramrod**—Member who is second-in-command of one of the work crews. Takes orders from the department head. There are usually 1 or 2 ramrods per crew. Ramrod is a *status* position within the work crew structure.

**React/Reacting/Reaction**—Expressing a reaction of frustration or anger immediately after an event triggers those emotions. Members are encouraged to *hold their bellies* and *drop slips* instead of reacting.

**Re-Entry/Re-Entry Member/Re-Entry Treatment**—A Brooklyn-based member who attends the re-entry phase of NYC treatment (day treatment Monday, Wednesday, and Friday and work or school Tuesday, Thursday, and Saturday or Sunday). Re-entry members participate in all day treatment member activities when they are at the Brooklyn center.

**Reflections**—A period of time during afternoon meeting at the Brooklyn center when members are given the opportunity to openly reflect upon their week in treatment and talk about their successes and disappointments.

**Request**—A residential center member may submit a request to staff for a weekend visit with his/her parents. Staff approve or deny the request based on the member's progress in treatment and the member's parents' progress during parents' nights.

**Requirements for Treatment**—Adolescents must meet the following requirements in order to receive treatment at NYC: they must be between 13 and 21 years old, fit the DSM IV characteristics of drug abuse or dependence, and have parental or other relative sponsor support throughout the program. They must not have severe cognitive or psychiatric problems, be homicidal, or have been convicted of sexual crimes or pre-meditated arson.

**Residential Center**—The NYC center located in the Catskill mountains in New York where members receive residential treatment.

**Residential Member**—Members who attend the NYC residential center.

**Responsible Love and Concern**—Two of NYC's mottoes or concepts. Members should demonstrate responsible love and concern for their peers, meaning they should show compassion and kindness toward each other.

**Right Living**—Embodying productive and healthy life goals and attitudes. Maintaining a drug-free lifestyle.

**Run(s)**—Staff members occasionally walk the residential center grounds (make a run) and check to see that everything is in order and members are behaving properly on their work crews and in their free time.

**Seminar(s)**—Educational meetings held each Tuesday and Thursday at both NYC centers. Seminar topics may include role playing games, activities designed to broaden members' horizons and encourage them to think about and process events in their lives, educational lectures, and discussions about health-related topics such as safe sex, HIV/AIDS, and HCV.

**Senior Member**—Brooklyn-based day treatment member who has completed residential treatment.

**Sent to the Pan**—A form of behavior modification. Members may be assigned to clean the house's dishes after every meal (sent to the pan) if they have broken a program rule or are exhibiting traits which may be considered negative and harmful to themselves or other members.

**Service Crew**—The lowest status work crew in the house at both the residential center and the Brooklyn center. Service crew generally consists of *induction members*, some *lower peers*, and *middle or upper peers* who have been reprimanded and have lost status within the *house*. Service crew members dust, mop, vacuum, and clean the center's building(s).

**Shot Down**—A form of behavior modification. Members may be shot down for committing transgressions against program rules, norms, or mores; or for endangering their own or other members' treatment progression. Members who are shot down are assigned a *learning experience* and temporarily stripped of their privileges and *status* within the program.

**Sitting In Your Crap**—similar to *staying in your head*.

**Skit(s)**—Short plays preformed by members at *morning meeting* in both centers. Skits are designed by members and serve to help members become comfortable speaking in front of audiences. Skits center around one of DYC's core *concepts*, and contain useful daily information such as the day's menu and a weather report.

**Slip**—A small preprinted rectangular piece of paper members fill out when they wish to address another member's behavior or attitude in the context of group therapy. Slips include a space for name, time, date, incident, and members involved. Slips are sorted by staff each Monday and Friday and members are assigned to *encounter groups* based on the slips they dropped that week.

**Slip Box**—The box that holds dropped slips. After members write slips, they drop them in the locked slip box. The box is emptied each Monday and Friday in preparation for *encounter group*.

**Slip Dropping**—see *drop a slip*.

**Spare Parts**—A disciplinary action (contract/learning experience) in which a member is stripped of all status within his or her work crew and is temporarily assigned to fill in on any work crew that is short-staffed. The member serves a function lower than general workers on this crew for the duration of his or her contract/learning experience.

**Speaking to (Spoken to)**—A form of individual counseling. A member may be asked to present himself/herself at a staff office for a "speaking to" if he or she appears to be withholding information about himself/herself and is in need of gentle discussion and encouragement in the context of straightforward information and/or advice. (See also *talking to*.)

**Special Group**—A group called between a member and his or her family or significant other person (e.g., the mother/father of his/her child). Staff may call a special at the member's request, or if staff notes significant problems with outside people impacting the member's treatment procedure.

**Split (Splitting)**—Leaving the program before treatment has been completed.

**Split Rate**—The percentage of members who have left the program before completing all program requirements.

**Splittee**—A member who has left treatment before completing all treatment requirements, and/or has left against the advice of staff.

**Spread Actions**—A form of behavior modification. Members may be placed on spread actions when they knew each other before treatment or if they have been negatively influencing each other in treatment. Members on spread actions may talk to each other, but should not spend excessive amounts of time together, and should not talk alone together.

**Static Group**—A form of group therapy. Members meet with the same group of members and staff for a period of 12 weeks to discuss ongoing and larger life problems. Static groups currently meet on Wednesdays in both the residential and the Brooklyn center.

**Status**—Members earn status within the house by performing work crew tasks in a timely and accurate manner, showing concern for other members' well-being, behaving responsibly, and taking initiative in their own treatment progress. Signs of status within the house include *floor privileges*, work crew promotions, and being asked to serve as a *big sister or big brother*.

**Staying in Your Head**—Not telling anyone what one is thinking, not using group sessions to discuss thoughts, feelings, fears, etc. Not talking to other members about one's current state of mind.

**Streets, the**—The drug-using world that all DYC members came from before entering DYC—regardless of where they actually lived and/or where they actually consumed drugs.

**Street Image**—Using mannerisms, words, behaviors, or actions that reflect the attitudes members exhibited before entering treatment. Reverting to a street image may be a precursor to *splitting* treatment.

**Street Talk**—Words, language, and images members used to exhibit before they entered treatment. Street talk is prohibited within the residential center.

**Take a Seat**—When a member is called to staff offices for a behavioral reprimand (haircut, talking to), the member may be asked to “take a seat” outside of staff offices for several minutes before entering and/or after leaving the office. Taking a seat gives members the opportunity to quietly reflect on the behavior that led to the reprimand. It also gives members the chance to study the effects of their behavior so that they may locate other ways of acting/behaving which will minimize their chance of future reprimands.

**Take it to Group**—When a member appears to be protesting another member's behavior or a staff member's request, he or she is told to “take it to group,” i.e., bring the subject up during a group session, rather than in an inappropriate location.



**Take the Bench**—Sitting on the bench indicates that one wants to drop out of (split) the program.

**Talking Ban**—Individual members may be temporarily banned from talking with each other if their interactions appear to be detrimental to their or other members' treatment progression. Talking bans may last from a few days to several months. Members may petition for talking bans to be removed if they feel that they have changed their own interaction style or are capable of communicating with the other member(s) in a productive manner.

**Talking To**—A form of individual counseling. A member may receive a gentle and informative talking to by a clinical staff member if he/she is exhibiting self destructive behavior or behavior considered to be detrimental to his or her treatment. (See also *speaking to*.)

**Therapeutic Community**—A community which operates on a *model family* concept and which encourages members to change negative patterns of behavior, thinking, and feelings that predispose drug use.

**Today's Pop**—A list of everyone who is supposed to be at the residential or Brooklyn center for that day. The daily pop may change depending on members' court appointments, illness, doctor appointments, field trips, etc.

**Top of the Pops**—A member may be "top of the pops" if she/he is listed at the top of the population sheet, and thus close to transition from residential to day treatment.

**Topic Group**—A group therapy session which centers around one specific topic of relevance to a group of members. Issues discussed vary according to individual member needs. Topic groups occur on an as-needed basis when staff members note that several members are confronting similar issues around the same time period.

**Total Pop**—Everyone currently at the residential or Brooklyn center.

**Transition**—The month following a member's transition from residential treatment to day treatment, day treatment to re-entry, or re-entry to phase-ambulatory treatment is known as the transition period. Members are closely watched by staff during these periods and are given extra attention in the form of *one-to-ones* to ensure that they cope well with their treatment transitions.

**Trip(s)**—At the residential center, a trip takes place any time a member is sanctioned to leave the property for any reason. Residential members may leave the premises for pre-approved shopping trips, field trips, school trips, court trips, doctor trips, weekend trips home, etc.

**Trip(s)**—At the Brooklyn center, trip(s) generally refer to the three weekly activities members are required to participate in with other members outside of the treatment day (e.g., dinner at a restaurant, movies at a member's house, a day at the beach, a trip to a museum, etc.). Members sign up for no less than 3 trips per week (2 must occur on the weekend) and are required to be at the designated meeting point on time.

**Trip Rep**—The member who is in charge of organizing a trip and accounting for all other members' whereabouts. The trip rep documents any members who are late and their reasons for arriving late. At the Brooklyn center, the trip rep is also responsible for reporting any members who fail to show up for the trip.

**Trip Sheet**—Square sheets of paper that Brooklyn center members fill out each Wednesday and submit to staff. Trip sheets detail the member's planned weekend activities with other NYC members and include a space for the member's name, the trip leader's name, the trip meeting time and location, and the trip destination. Residential center members are required to submit these sheets as well when they go home for weekends in New York City.

**Trip Slip**—Slip submitted to staff when a member desires to leave the residential property for a trip home, etc. Generally consists of half-page written explanation, including the reason for leaving the property and justification for taking the trip (see also *request*).

**Trip Slip**—Slip submitted to Brooklyn staff when a member desires to leave his or her parents' house for a few hours and go out at night with friends. Must include time leaving, time returning, names of friends, and place they are going.

**Uncomfortability (uncomfortabilities)**—A task, required interaction, or concept which makes a member uncomfortable or nervous, but which must nevertheless be completed or endured for the member's therapeutic progression, AND/OR a trigger which makes a member feel uncomfortable or nervous.

**Upper Peer**—A member who has been in residential treatment for 8-12 months and is preparing for transfer to the Brooklyn center. Upper peers generally serve on managerial positions in the center's work crew structure.

**Upstate/Upstate Center**—The residential center, located in the Catskill mountains.

**Using Group/Not Using Group**—A member who takes the opportunity to discuss his or her personal issues, concerns, and problems during group therapy is said to be "using group." A member who does not openly and honestly participate in group therapy discussions or who participates but does not tell the full truth about her/his thoughts and feelings is considered to be "not using group."

**Wave**—A group of peers that transitions through the program's four treatment stages together and expects to complete the program at the same time. There are typically 2 completion waves per year.

**Weekend Home**—see *home visit*.

**Women's Group**—A single-sex group called specifically for girls/women to discuss issues they are hesitant to address in mixed-sex groups (see also *gender group*).

**Women's Retreat**—A weekend retreat for all girls from the residential center and the Brooklyn center. Women's retreats are held in the girls' dorms and are attended by all girls in the program. Special activities (e.g., hikes in the woods, trust-building activities, therapeutic arts and crafts, movie nights), speakers, and group therapy sessions are planned for the weekend retreat.

**Work Crew Requests**—Members who wish to change work crews or who would like to receive a higher status position on a work crew may request a work crew change by submitting a half-page essay discussing the reasons they would like to switch crews and addressing their personal treatment gains which would make them well suited for a particular crew or for a particular *status* position on a crew.

**Work Therapy**—Members learn valuable vocational and life-based skills through their participation on both the residential and Brooklyn centers' work therapy crews. By learning to take care of their living environment and demonstrating pride and quality in their work, members learn to have a more positive outlook on both their personal treatment progression and on maintaining necessary appropriate life skills after treatment.

**Work (Therapy) Crews**—The program's organizational work therapy structure. Induction members are assigned to work crews as *general workers* and work their way up through the work crew hierarchy during their tenure in treatment. Members gain vocational experience and life skills through their experience on the residential center work crews.

**Write a Slip**—see *drop a slip*.

**Younger Member**—A member who is relatively new in the program. Not related to chronological age (see also *program age*).



# **Appendix A:**

## **Dynamite Philosophy and Creed**

**Dynamite Youth Center**



## THE DYNAMITE PHILOSOPHY

The Dynamite philosophy is that every man makes his own destiny and that he can shape his destiny by having convictions, positive values, and self-respect.

I, as an individual, must be prepared to meet my own weaknesses and overcome them. In order to overcome them, I must be aware. In order to be aware, I must communicate. In order to communicate, I must trust.

To achieve these goals I must be honest with myself. In being honest with myself I gain maturity and responsibility. By obtaining this, I find myself reborn to a constant betterment of my life.

## THE DYNAMITE CREED

Please let me first and always examine myself.

Let me be honest and truthful.

Let me seek and assume responsibility.

Let me understand rather than be understood.

Let me have trust and faith in myself and my fellow man.

Let me love rather than be loved.

Let me give rather than receive.





# **Appendix B:**

## **Members' Orientation Booklet**

**Dynamite Youth Center**



# ORIENTATION

## CARDINAL RULES

1. No using drugs, alcohol, or chemicals of any kind (no getting high).
2. No physical violence. (No threatening violence.)
3. No breaking confidence.

ANYONE BREAKING THESE RULES MAY BE SUBJECT TO EXPULSION OR SUSPENSION.

## HOUSE RULES

1. No breaking house bans.
2. No seeing old friends.

## THE DYNAMITE PHILOSOPHY

The Dynamite philosophy is that every man makes his own destiny and that he can shape his destiny by having convictions, positive values, and self-respect.

I, as an individual, must be prepared to meet my own weaknesses and overcome them. In order to overcome them, I must be aware. In order to be aware, I must communicate. In order to communicate, I must trust.

To achieve these goals I must be honest with myself. In being honest with myself I gain maturity and responsibility. By obtaining this, I find myself reborn to a constant betterment of my life.

## THE DYNAMITE CREED

Please let me first and always examine myself.

Let me be honest and truthful.

Let me seek and assume responsibility.

Let me understand rather than be understood.

Let me have trust and faith in myself and my fellow man.

Let me love rather than be loved.

Let me give rather than receive.

## CONCEPTS

Wherever you go, there you are

Guilt kills

If this is what I have to do to make it, then let me do it

Remember where you came from

You alone can do it, but you can't do it alone

You get what your hand calls for

What goes around, comes around

To keep it you have to give it away

Do your thing and everything will follow

To be aware is to be alive

The truth shall set you free

Responsible love and concern

If one person calls you a horse, let it fly. If ten people call you a horse, go out and buy a saddle.

When you hit the streets, the streets hit back

It's not so much where a man stands, but where he's going

## **NOTICE TO CLIENT OF FEDERAL CONFIDENTIALITY REQUIREMENTS**

### The Confidentiality of Alcohol and Drug Abuse Patient Records

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulation. Generally the program may not say to a person outside the program that a patient attends the program or disclose any information identifying a patient as an alcohol or drug abuser unless:

1. The patient consents in writing;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the federal law and regulation by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about a threat to commit such a crime.

Federal law and regulation do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

(See 42 U.S.C. 290kk-3 and 42 U.S.C. 290ee-3 for federal laws and 42 CFR Part 2 for federal regulations.)

## **COMPLETION REQUIREMENTS**

In order to complete Dynamite Youth Center, the following requirements are necessary:

1. Drug Free
2. High School Diploma or GED
3. Active Savings Account
4. Full-Time Employment or School
5. Residence (A Place to Live)

All treatment requirements must have been met.

# **Appendix C:**

## **Parents' Orientation Handbook**

**Dynamite Youth Center**





**DYNAMITE YOUTH CENTER FOUNDATION, INC.**

DRUGS DESTROY FAMILIES

FAMILIES DESTROY DRUGS

**DYNAMITE YOUTH CENTER FOUNDATION, INC.  
BOARD OF DIRECTORS**

(List of Board Members and their positions)  
*(Names deleted to maintain privacy)*

**CHAIRMEN EMERITUS**

(List of Chairmen)  
*(Names deleted to maintain privacy)*

**DYNAMIC YOUTH COMMUNITY, INC.  
BOARD OF DIRECTORS**

(List of Board Members and their positions)  
*(Names deleted to maintain privacy)*

**Executive Director**

William Fusco

**Associate Director**

Karen Carlini

Dynamite Youth Center Foundation, Inc.

*(deleted to maintain privacy)*

Brooklyn, NY

Dynamite Youth Center (Residence)

*(deleted to maintain privacy)*

Fallsburg, NY

**FALLSBURG RESIDENCE STAFF**

(List of staff and their titles)

*(Names deleted to maintain privacy)*

**BROOKLYN STAFF**

(List of staff and their titles)

*(Names deleted to maintain privacy)*

## **THE DYNAMITE PHILOSOPHY**

The Dynamite philosophy is that every man makes his own destiny and that he can shape his destiny by having convictions, positive values, and self-respect.

I, as an individual, must be prepared to meet my own weaknesses and overcome them. In order to overcome them, I must be aware. In order to be aware, I must communicate. In order to communicate, I must trust.

To achieve these goals I must be honest with myself. In being honest with myself I gain maturity and responsibility. By obtaining this, I find myself reborn to a constant betterment of my life.

## **THREE CARDINAL RULES**

No drugs or alcohol

No violence

Confidentiality

## WHAT IS DYNAMITE YOUTH CENTER?

Dynamite Youth Center Foundation, Inc. is a non-profit organization designed to run a drug-free treatment program for adolescent and young adult drug and alcohol abusers. It is a long-term rehabilitation program where members live at the Fallsburg residence for several months, under the care of a staff consisting of directors, clinicians, an administrator, a vocational counselor, and a teacher who provides continuing education for the members who have not completed high school or obtained their GED certificate.

The member's family has an **integral** role in the overall function of DYC and in the recovery of the family member in rehabilitation. Parents and/or family **must** attend the weekly evening meetings and participate in the family functions of DYC.

## WHAT ARE THE WEEKLY MEETINGS?

1. A gathering of the Dynamite Family on Wednesday night (the meetings for parents who live upstate are held on Tuesday nights).
2. General Meetings begin at 8:30 p.m. (brand new family members should come at 7:30 p.m. for their first meeting)
  - a. Meetings begin with the Dynamite Philosophy.
  - b. There is an introduction of new parents.
  - c. We learn what is happening at Dynamite.
3. It is a time and place to meet other parents.
4. Group sessions follow the general meeting.

## WHAT IS GROUP?

1. A support system.
2. We learn that we are not alone; we are all here for the same reason.
3. We learn that as our children are changing, we, too, must change.
4. As parents and family, we learn to help ourselves and each other through sharing.
5. It is a place to make friends and keep in touch.

## WHAT ARE OUR OBLIGATIONS?

1. Attend weekly meetings. If unable to attend, please contact a staff member.
2. During the residential stage, weekly dues are \$30.00. Once the member returns to Brooklyn the weekly dues are \$15.00. If there is financial difficulty in paying this amount, please discuss this with the Chairman of the Board.
3. Two parents will be designated to contact new family members.
4. Bring the item which is announced every week to the next general Meeting.
5. **Personal supplies** and **spending money** shall be provided by the family until funding becomes available. These items are given to a staff member at the weekly meeting.

**a. Personal supplies:** Should be necessities and should **not** be expensive or excessive. Do not feel the need to send personals each and every week. It is important to understand that you cannot buy your child's recovery with expensive personals, nor

should they be used as a reward for being drug-free. Inappropriate items will be sent back to you.

**Examples of appropriate personals:**

- clothing: inexpensive dungarees, shirts, sweatshirts
- boots: work-style, heavy-duty, do not have to be brand names
- sneakers: should not cost more than \$50-\$60
- outerwear: jackets should be sturdy and warm, and do not have to cost more than \$75.00 maximum!
- toiletries: toothpaste, shampoo, deodorant, etc. Do not send mouthwash that contains alcohol
- jewelry is unnecessary and inappropriate. Permission may be given (by staff) for inexpensive, symbolic, religious articles.

**b. Spending money:** If you want to put money into your child’s account, put the money (which should not exceed \$15.00 and certainly can be less) in a sealed envelope with his or her name on the outside of the envelope, with the word “**upstate**” underneath it. Also **write the exact amount** enclosed. This money will be put into your son or daughter’s account, and will be allocated to him or her as deemed necessary by both your child and staff.

6. Participate in Dynamite and committees.

**WHY FUND RAISING?**

1. Fund raising is a vital part of keeping Dynamite functioning.
2. Dues are minimal and government funding is limited.
3. In order to keep the program alive for our family members, we must raise funds.
4. Attendance, as well as encouraging family and friends to attend fund raisers, is important.

**RULES AND PROCEDURES FOR THE DYNAMITE FAMILY**

**1. New Members:** Once admitted to DYC, your child will live with you for approximately 1-2 weeks and go to the Brooklyn Center every day. When he or she comes home from the center, he or she **is not allowed** to go out without a parent and **is not allowed** to receive phone calls **except from DYC members**. Your child **is not allowed** to make phone calls. If people call for your child, they should identify themselves as a DYC member. Use your phone communication list to verify their name, parent’s name, and address before you hand over the call to your child. Basically, your child, as a brand new member of Dynamite, is under “house arrest.” This not only helps focus both you and your child on positive change but also allows the member to begin his or her commitment to recovery.

**2. New Members Upstate:**

- a. There is **no telephone contact** with your child for the **first 30 days**.
- b. The family may call and speak with a staff member during the 30-day period to inquire about the member.

- c. You may send your child letters at any time. While they are allowed to write to you, most do not, so don't be disappointed. All mail sent to your family member (either through the mail or in the personals) will be screened by a staff member. If you send a letter, keep it light, give praise and support, but do not send money or other valuables.
- d. After the 30-day period expires and after you receive your first call from your family member, you may then begin making calls to them.
- e. **Family visits** may only be initiated by the family member at Dynamite.

**First visit:** The first time you visit your family member upstate, you must stay on the Dynamite grounds. The hours for visitation are 12 noon until 5:00 p.m. Usually another member (escort) will be assigned to stay with your family.

**Second visit:** You will be allowed to go off the DYC grounds, usually to a shopping mall or out for lunch. An escort will be assigned to go with you and your child.

**First visit home** (approximately 4-6 months after your child is upstate): An escort will accompany your member, stay at your home, and give planned "trips" (e.g., movies, bowling, etc.), which have been approved by staff. **Do not give your son or daughter money** as he or she has the allotted amount needed. Try to keep this visit light, as it can be a frightening time for your child, who will be facing the same streets and people he or she knew when using drugs. If you are not comfortable with your child's behavior, staff are available upstate. Do not hesitate to call them. Do not use the call as a threat. Call either to verify information or to notify staff of inappropriate behavior so staff can deal with it when the member returns after the weekend.

**3. Member responsibility:** Every member of Dynamite has a job, which is an integral part of his or her recovery. There are a variety of "crews" that members work on, such as service (cleaning), clerical, maintenance, landscaping, kitchen, etc. The hierarchy of each crew is general worker, ramrod, and department head. The members also oversee each other, as expeditors, coordinators, and chiefs. They learn that a family must work together in order for anything to get done effectively.

**4. Stages of Program:** Upstate Member: lives in residence; Senior Member: lives at home, goes to center daily; Re-Entry: lives at home, works or goes to school part time; Phase II: works full time; Completion: graduation from program. At this time, the member should be working full time and have a high school diploma or GED, driver's license, bank account, and his or her own apartment (or be paying full room and board at home).

**5.** If your child leaves (splits) the program, **do not allow him or her to contact any other member of Dynamite.**

**6.** Learn your role in the process of your child/young adult becoming drug-free.

**7.** All discussions are strictly confidential.

**8.** Confidentiality regarding the members and their families should be strictly enforced.

## GENERAL INFORMATION

1. By-laws are available upon request.
2. Members are encouraged to speak to staff about any problems or questions they have about family members.
3. Staff may be reached from: 9 a.m. to 10 p.m.: Upstate  
9 a.m. to 5 p.m.: Brooklyn
4. Best time to call a member:  
Weekdays: 6 p.m.–10:30 p.m.  
Saturday: 12 noon–8:30 p.m.  
Sunday: 12:30 p.m.–7:30 p.m.
5. When calling a member with news that may be upsetting, always speak with a staff member first.

## DYNAMITE DICTIONARY

*(Terms included in the glossary section of this manual)*



## **FUND RAISERS**

Each month, Dynamite sponsors a fund raiser. These fund raisers are what keeps our program alive. We are the lowest funded residential drug rehabilitation program in New York State. The dues charged to the families of our members are minimal. Just as each member has a job to do as part of the Dynamite family, you, as a parent, have a responsibility to your DYC family. Below is a general listing of the fund raisers held by Dynamite. Look it over. Ask questions. You will be surprised at how much fun you can have while working to save lives!

### **January:**

**Card Party:** Held at the Brooklyn Center. Bring a deck of cards. Bring a Mah Jongg set. How about Scrabble? This is your night to choose your favorite game while DYC raffles brand new items. Sell raffles to your friends beforehand. Buy raffles the night of the card party. Coffee and cake compliments of Dynamite.

### **February:**

**Antique Auction:** Held at the Brooklyn Center, donated antiques are auctioned. Professional dealers do come to this, as well as the general public. It is a collector's dream.

### **March:**

**Candy Sale:** **\*Every family is responsible for selling at least \$36 worth of chocolate bars.** The candy is distributed at the weekly meeting and the money is not due until the end of March.

### **April:**

**\$100 Raffle:** 200 raffles are sold, each at \$100 (sell as many as you can, buy them with a friend, or friends). Dynamite guarantees the winner \$10,000. Now wouldn't you like a piece (or all) of that? Dynamite takes the remaining money (even if less than 200 are sold).

### **May:**

**Card Party:** Held at the Brooklyn Center. Bring a deck of cards. Bring a Mah Jongg set. How about Scrabble? This is your night to choose your favorite game while DYC raffles brand new items. Sell raffles to your friends beforehand. Buy raffles the night of the card party. Coffee and cake compliments of Dynamite.

### **June:**

**Flea Market:** **\*Every family is responsible for giving at least 4 hours of time to the flea market.** A weekend of rummaging (through the three floors of the Brooklyn Center) of treasures, both old and new. This is the time to empty your closets and garages, everything goes! You will be amazed at the things people buy, and that includes you! Bagels, hot dogs, soda, and coffee are sold to the public, free to our "volunteer" workers.

**July:**

**Upstate Flea Market:** Held at the Gymnasium on the Fallsburg grounds. Now it's their time to find treasures. **\*Each family is responsible for giving at least 4 hours of time to the flea market.**

**September:**

**Bowl-a-thon:** Great fund raiser for the bowlers among us. Get people to sponsor you (a penny a pin, a nickel a pin, etc.). The better you bowl, the more you can raise for Dynamite.

**Journal Distribution:** Sell advertisements for Dynamite. You will be amazed by how many people have been affected by drugs and are willing to take out ads for their businesses in our journal. Take out an ad for your child (or your friend, neighbor, etc.). Let them know how proud you are that they are making positive changes. The journal goes to press in late November, so start selling now.

**December:**

**Flea Market:** Surely, you've found more treasures to donate. We have our bi-annual flea market, both in Brooklyn and Upstate. **\*A minimum of 4 hours donated to working the flea market (either Sat. or Sun.) is required.**

**Dinner/Dance (Journal Completion):** This is our gala affair. It is the only function that is not a fund raiser, as DYC makes no money on it. However, it is held at a regular catering hall, with both a smorgasbord and sit-down meal. We have a regular band. It's hard to recognize people when they're all dressed up. Come and enjoy an elegant night out with your new family.

**\* These are mandatory obligations**

# **Appendix D:**

## **Intake Documents**

**Dynamite Youth Center**



***Dynamite Youth Center Foundation, Inc.***

Dear New Parent:

Welcome to Dynamic Youth Community, Inc. (DYC). We are here to help you and your child as we have been helping young people and their families since 1970.

Fees are calculated using a sliding scale, based upon income minus expenses. If your child is 21 years of age or older, we ask that he or she complete a financial questionnaire. If your child is under 21, you are required to fill out the questionnaire. Our administrative staff can help you with this. There is also a non-refundable intake fee of \$50 due upon acceptance of your child into the DYC program.

Parents are required to join our family association and attend weekly meetings. These parent meetings are an essential part of the entire program. We guarantee that in a very short time you will greatly value the parent meetings. Family association dues are \$15 per week while your child is in Brooklyn and \$30 per week while your child is upstate in Fallsburg. Dues, along with the intake fee, are tax-deductible. If you cannot afford the entire amount of dues, please speak with the chairperson or treasurer immediately.

Thank you for your cooperation; I look forward to seeing you each week.

Sincerely,

Karen Carlini  
Associate Director

I have read the above letter and agree to the terms.

---

Signature

---

Date

**Dynamic Youth Community, Inc.**

Client's Name:	I.D.#:	SS#:	D.O.B.:
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**FINANCIAL INTAKE**

**PART I**

Name :	Married	Divorced	Single
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Employer:	FT	PT	Annual Salary: \$
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Spouse's Name:
----------------

Employer:	FT	PT	Annual Salary: \$
-----------	----	----	-------------------

Home Address:
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City/Town:	State:	Zip Code:
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Daytime Telephone:	Evening Telephone:
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**Source of Income:**

Category	Applicant	Spouse	Client	Other Family Members
Salary	\$	\$	\$	\$
Unemployment Insurance	\$	\$	\$	\$
NYS Disability Benefits	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Public Assistance	\$	\$	\$	\$
Supplemental Security Income	\$	\$	\$	\$
Social Security Disability	\$	\$	\$	\$
Social Security Dependent Benefit	\$	\$	\$	\$
Social Security Survivor's Benefit	\$	\$	\$	\$
Social Security Retirement Benefit	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Other: Specify: _____	\$	\$	\$	\$

Annual Documented Income: \$		
# of People in Family:	Adults:	Children under 21:

Do you own your home?	yes	Mortgage: \$	no	Rent: \$
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Method of Income Verification:

- Last 4 weeks pay stubs
- Income Tax Return
- Statement of Benefits
- Other – Please specify: \_\_\_\_\_

Other:

Unusual expenses or debts: \_\_\_\_\_

Fee:

<u>Day Service</u>	<u>Outpatient</u>	<u>Residential</u>

**PART II**

Do you or your spouse have private health insurance?      YES      NO

If yes:

Company Name: \_\_\_\_\_

Insured: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_

Are you a U.S. Citizen?      Yes      No      Alien No. \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Preparer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Dynamite Youth Center Foundation, Inc.***

Authorization to Consent to Treatment of Minor Temporarily  
Separated from His/Her Parents

*I/We, the undersigned, parent(s) of \_\_\_\_\_,  
a minor, do hereby authorize Dynamic Youth Community, as our agent(s), to consent to  
any diagnostic procedure or medical care which is deemed advisable by, and is to be  
rendered under the general or special supervision of, a licensed physician and surgeon  
at Community General Hospital of Sullivan County, when such diagnosis or treatment  
is rendered at said hospital. It is understood that this authorization is given in advance  
of any specific need for treatment but is given to provide authority on the part of the  
aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or  
hospital care which the physician in the exercise of his best judgement may deem  
advisable.*

*This authorization expires 90 days after termination unless sooner revoked in writing  
delivered to said agent(s).*

*Parent(s) Signature \_\_\_\_\_ Witness \_\_\_\_\_*

*Date \_\_\_\_\_ Date \_\_\_\_\_*

*Phone Number of Parents \_\_\_\_\_*

*Permanent Address \_\_\_\_\_*

\_\_\_\_\_

\_\_\_\_\_

*Temporary Address \_\_\_\_\_*

\_\_\_\_\_



***Dynamite Youth Center Foundation, Inc.***

Authorization for Program Participant Disclosure to Medicaid,  
DOSS, and Welfare

I, \_\_\_\_\_ *authorize Dynamic Youth Community, Inc. to disclose the following information that I am in the DYC program and my progress in the program, if requested, to Medicaid, DOSS, and Welfare for the purpose of receiving Welfare, Food Stamps, or Medicaid.*

*I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it (e.g. probation, paroles, etc.) and that, in any event, this consent expires automatically as described below.*

*Specification of the date, event, or condition upon which this consent expires 90 days after termination.*

*I understand that the person or agency receiving this information cannot provide this information to any other person or agency without my written consent.*

*Executed this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_*

\_\_\_\_\_  
*Signature of Participant*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Signature of Parent or Guardian or  
Authorized Representative, if  
Participant is a Minor*

***Dynamite Youth Center Foundation, Inc.***

Authorization for Adolescent's Participation in Extracurricular Activities

*Date* \_\_\_\_\_

*I allow my son/daughter \_\_\_\_\_ to participate in any extracurricular activities (such as bowling, skiing, horseback riding, snowmobiling, etc.) that may be available to him/her while in the DYC program.*

*I will not hold DYC responsible for any injuries incurred due to such participation.*

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Signature of Client*

***Dynamite Youth Center Foundation, Inc.***

Parental Consent for Adolescent to Participate in DYC

*Date* \_\_\_\_\_

*I hereby give permission for my son/daughter \_\_\_\_\_  
to participate in the DYC program (tests, groups, recreation, trips, medical  
examinations, etc.) supervised and sponsored by the staff of Dynamic Youth  
Community, Inc.*

*In case of emergency, I hereby give permission to DYC to get whatever medical  
attention that may be necessary for the welfare of my child.*

*I will act in good faith to have my child receive a general medical examination and a  
letter stating the condition of my child's health.*

\_\_\_\_\_  
*Signature of Parent or  
Legal Guardian*

*Father's Name:* \_\_\_\_\_

*Occupation & Telephone #:* \_\_\_\_\_

*Mother's Name:* \_\_\_\_\_

*Occupation & Telephone #:* \_\_\_\_\_

*Home Address:* \_\_\_\_\_

*Home Telephone #:* \_\_\_\_\_



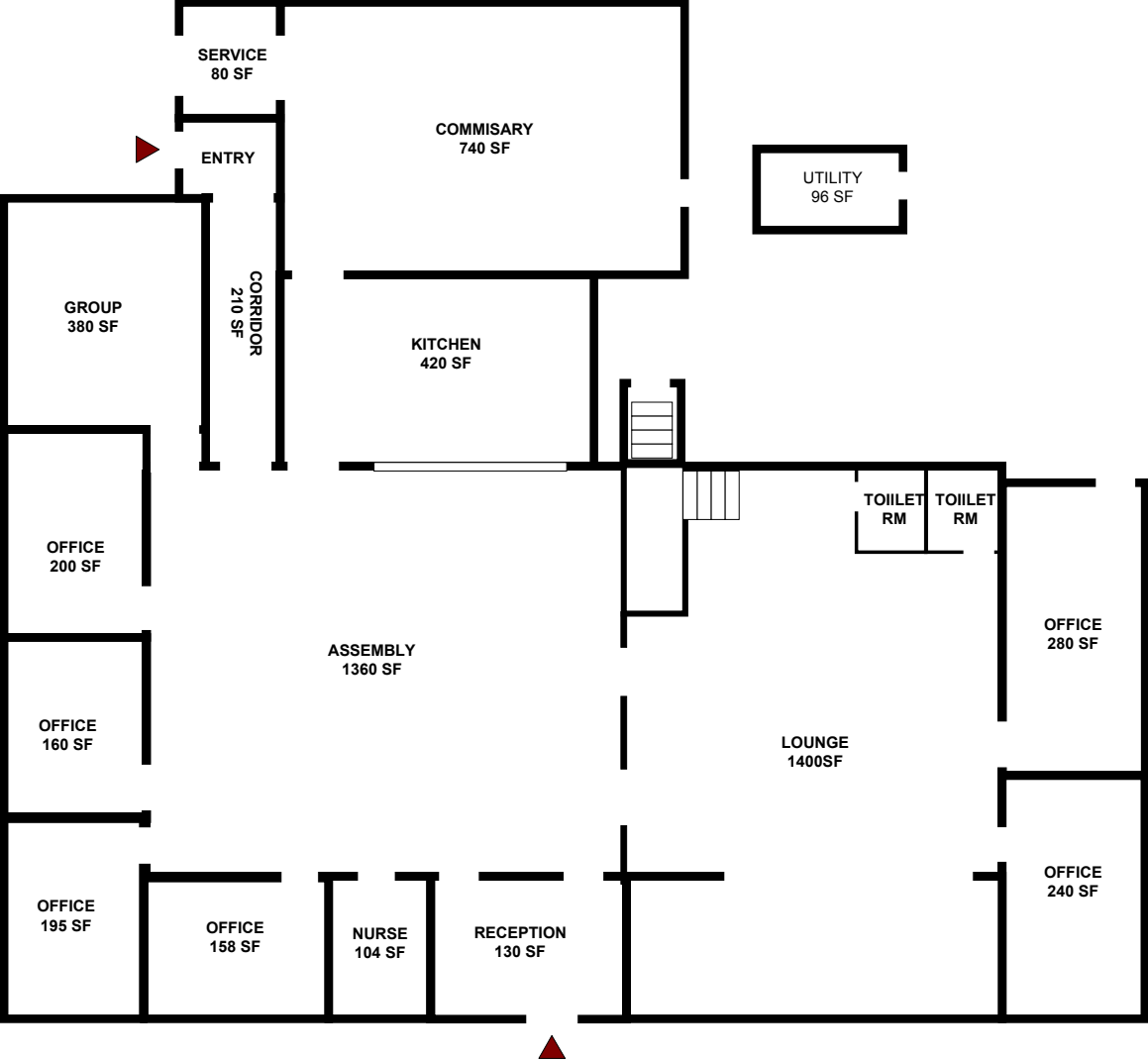
# **Appendix E:**

## **Floor Plans of the Residential and Brooklyn Centers**

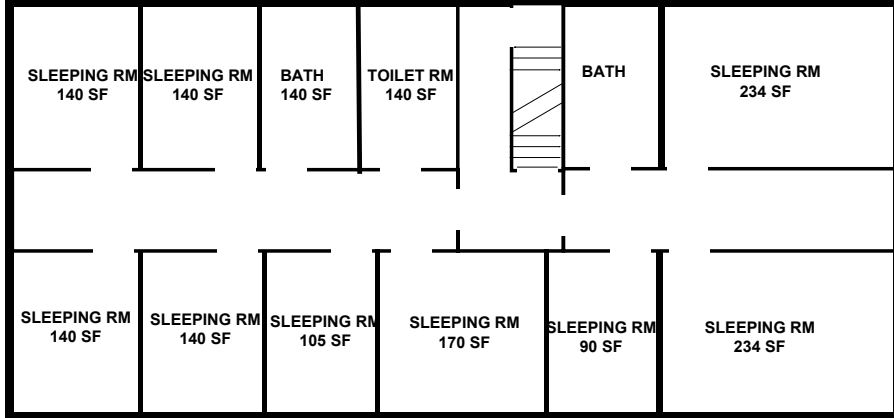
### **Dynamite Youth Center**



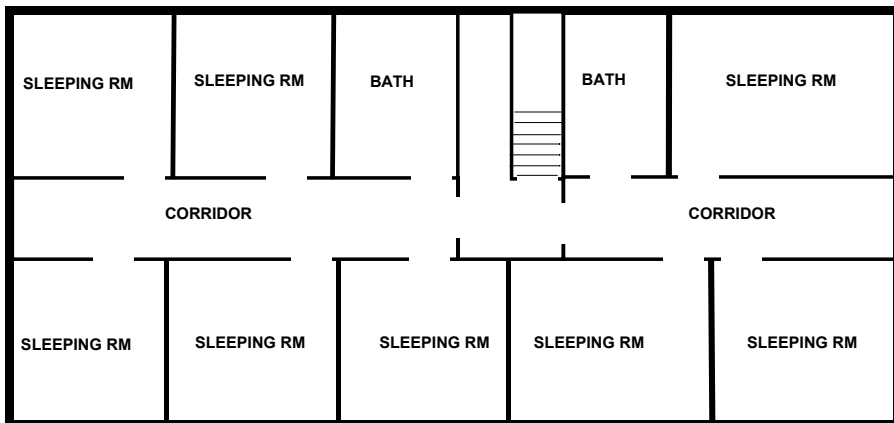
**Residential Center  
Main Building  
Floor 1**



# Main Building Floors 2 and 3



**SECOND FLOOR**



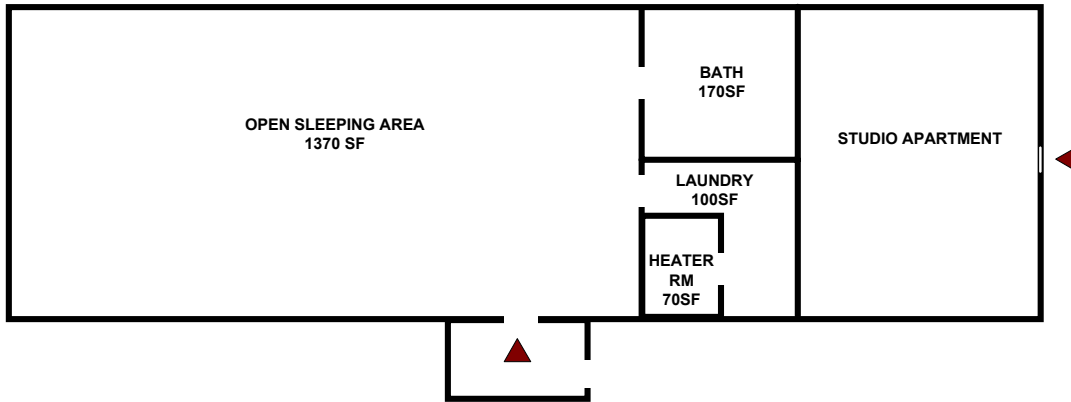
**THIRD FLOOR**



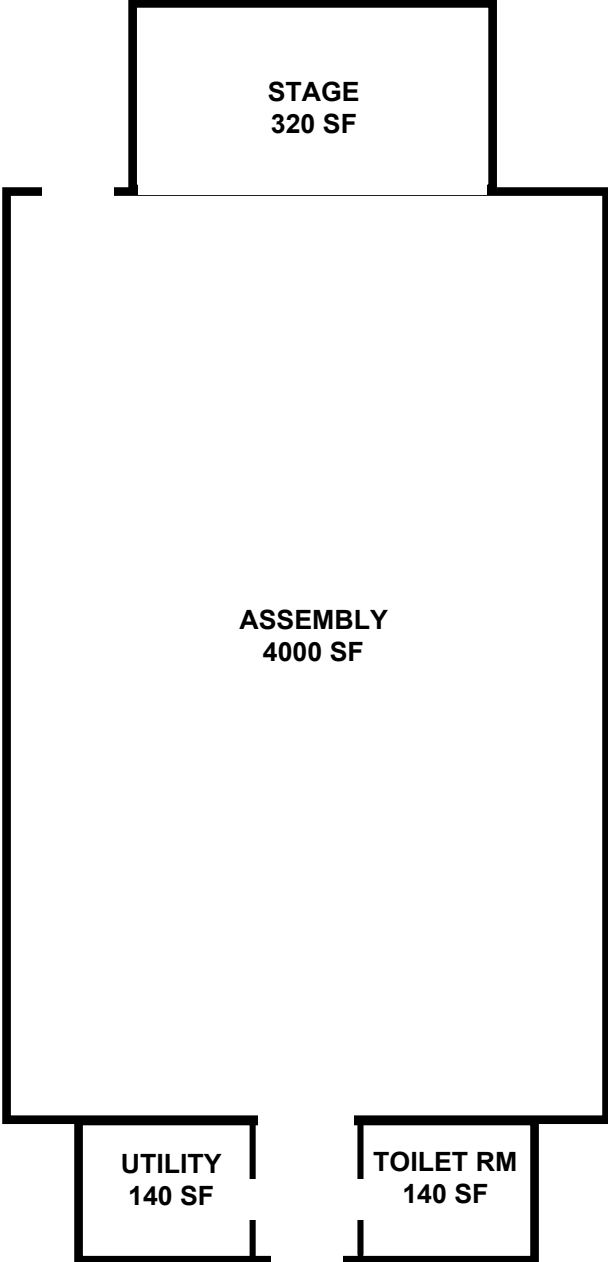
# Male Dormitory



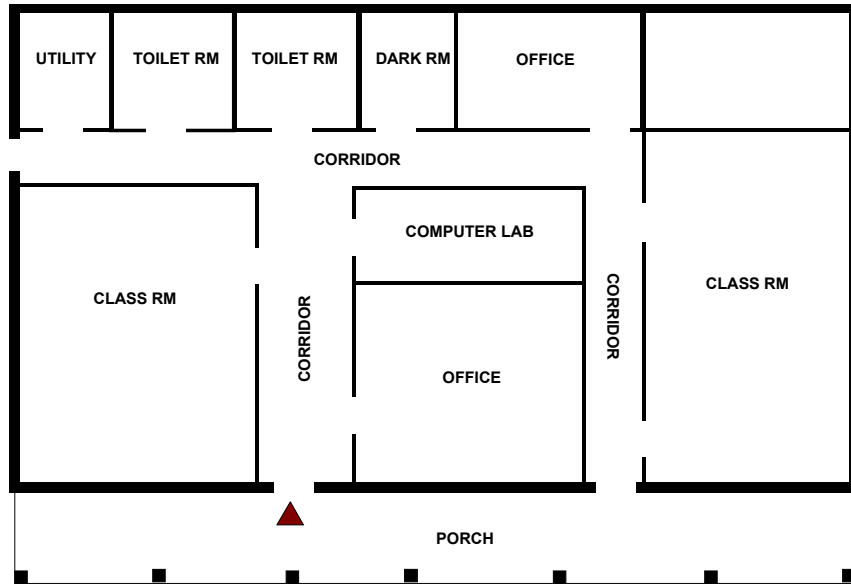
# Female Dormitory and Staff Apartment



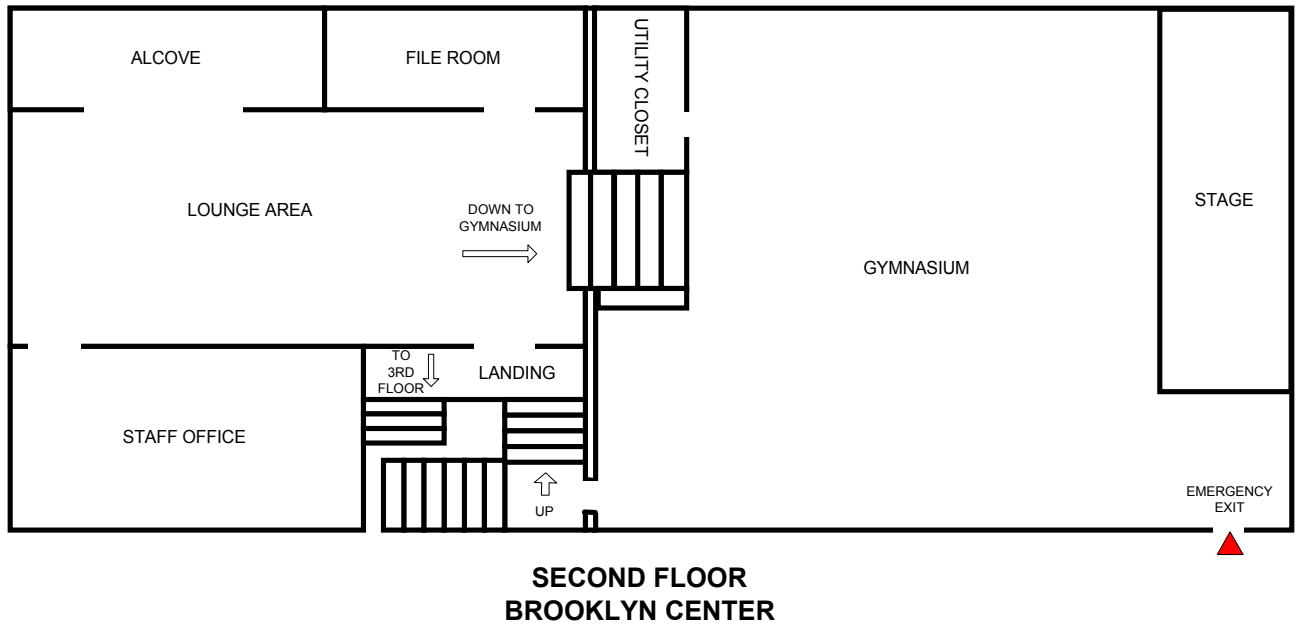
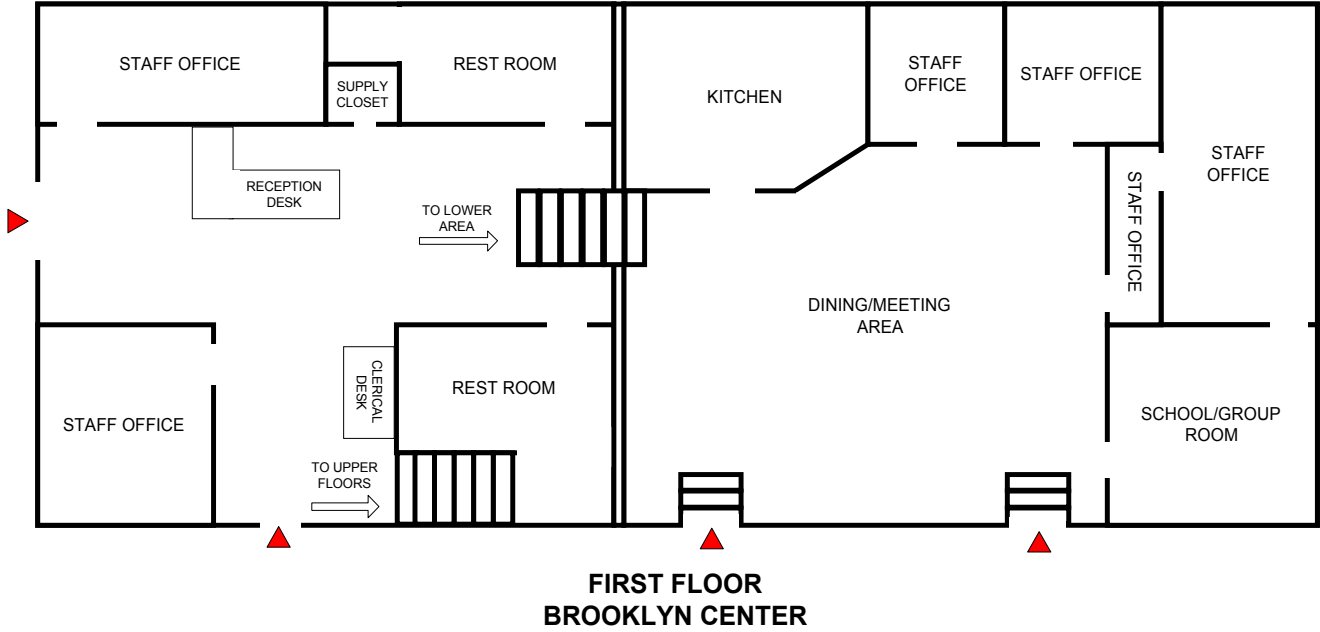
# Gymnasium/Assembly Hall



# School



# Brooklyn Center Facility First and Second Floors





# **Appendix F:**

## **Dynamic and Dynamite Board of Directors Bylaws**





**Dynamic Youth Community, Inc.  
Bylaws**

## **PREAMBLE**

Recognizing that Dynamite Youth Center has a responsibility to deal with the drug abuse problems of teenagers and young adults within the community and has accepted and assumed this responsibility, we hereby organize DYNAMIC YOUTH COMMUNITY, INC. whose general purpose will be to operate a treatment program, and any other necessary and feasible programs, to deal with the drug abuse problems of teenagers and young adults (collectively referred to as the “program”).

## **ARTICLE 1-NAME**

This organization shall be known as DYNAMIC YOUTH COMMUNITY, INC. (the “Corporation”) and is incorporated pursuant to the New York State Not-For-Profit Corporation Law.

## **ARTICLE II-LOCATION**

Headquarters of the corporation is (*street address deleted for confidentiality reasons*).

## **ARTICLE III-PURPOSE**

The purposes of this corporation are:

- To review operational performances;
- To review current budget status;
- To review and approve proposed budgets;
- To enter into contracts with government agencies in order to provide financial support for the program;
- To review and approve new ventures proposed by the executive director of the Board of Directors.

## **ARTICLE IV-RULES AND REGULATIONS**

The following rules are essential in order to maintain the integrity of the program. Violation of these rules may lead to suspension or expulsion from the corporation:

No use of intoxicating drugs or alcohol, except medication prescribed by a licensed medical practitioner, within any corporation-operated facility.

No physical violence or threat of physical violence to anyone within any corporation-owned facility.

## **ARTICLE V-CLIENTS**

The clients Dynamic will serve are those individuals who are in need of drug rehabilitation and their “significant others”.

## **ARTICLE VI-MEETINGS**

*Section 1.* Board meetings will be held on a quarterly basis. Any additional meetings will be scheduled at the discretion of the Board of Directors.

*Section 2.* Special meetings may be called by the chairman or any two officers or the executive director of the program. The person or persons authorized to call special meetings of the board may fix any location within or without the State of New York as the place of holding said special meeting.

## **ARTICLE VII-FEES**

It is understood that governmental agencies with which the corporation may enter into contracts for funding expressly require their contractors to charge fees for service.

## **ARTICLE VIII-SUSPENSION/EXPULSION**

*Section 1.* Use of one’s affiliation with organization’s clients in order to realize personal monetary gain.

*Section 2.* Making or soliciting personal loans from clients without the knowledge or consent of the Board of Directors.

## **ARTICLE IX-OFFICERS/BOARD OF DIRECTORS**

*Section 1.* The officers of the corporation are chairperson, vice-chairperson, treasurer, and secretary of the board.

*Section 2.* The chairperson will vote.

*Section 3.* The chairperson will conduct all meetings and act as the prime contact to the staff.

*Section 4.* The board consists of four (4) voting members, two (2) serving for a two (2) year term and two (2) serving for a three (3) year term, thereafter all terms will be two (2) years.

*Section 5.* The board can either reappoint the existing members or elect replacements by unanimous vote.

*Section 6.* No two (2) offices shall be held at the same time by any one member.

*Section 7.* Members of the same family may not serve on the Board of Directors concurrently.

*Section 8.* The compliment of the board can be increased with either a voting or non-voting member by unanimous vote of the board. For all other voting matters, the majority vote rules.

*Section 9.* The executive director will attend all board meetings.

*Section 10.* The board will preside over any termination/suspension hearing that may be the result of the executive director's or associate director's violation of the Rules of Conduct as described in the policies and procedures manual.

### **ARTICLE X-DUTIES OF MEMBERS OF BOARD OF DIRECTORS**

*Section 1.* Chairperson: The chairperson will preside at meetings, maintain order, and cause the rules and regulations of the corporation to be observed. He/she shall appoint committees. He/she shall be a member ex-officio of all committees. He/she shall, together with the treasurer and/or executive director of the program, sign all drafts, checks, warrants and orders for payment of money. He/she shall execute all agreements when duly directed by the Board of Directors.

*Section 2.* Vice-Chairperson: The vice-chairperson will assist the chairperson in discharge of the latter's duties and, in the absence of the chairperson, discharge all of the duties of the office of chairperson.

*Section 3.* Treasurer: The treasurer or the chairperson and the executive director or facility director of the program shall sign all drafts, checks, warrants, and orders of payment of money. He/she shall keep a true and accurate account of all receipts and disbursements and report upon them as frequently as may be requested by the Board of Directors.

*Section 4.* Secretary of the Board: The secretary of the board will be responsible for the minutes.

### **ARTICLE XI-COMMITTEES**

The Board of Directors will appoint and oversee special committees as required.

### **ARTICLE XII-FUNDS**

*Section 1.* The corporation will maintain as many checking accounts in its name with a reliable banking institution as is necessary to satisfy the requirements of its funding sources.

*Section 2.* Funds in the checking accounts will be used to pay day-to-day expenses incurred by the corporation's program.

*Section 3.* All checks, drafts, warrants, and orders of payment of monies must be signed by:

Chairperson or Treasurer  
AND  
Program Executive Director or  
Residential Facility Director

### **ARTICLE XIII-GENERAL PROVISIONS**

*Section 1.* The order of business at all meetings will be in an agenda prepared by the Board of Directors prior to the meeting. The agenda will include the following: reading of the minutes of the previous meeting; treasurer's report; report of standing committees; discussion of old business; discussion of new business.

*Section 2.* On questions of parliamentary procedure or rules of order, Robert's Rules of Order shall prevail.

*Section 3.* The corporation shall carry all necessary insurance coverage including, but not limited to, premises liability insurance, building fire insurance, contents fire insurance, and automobile liability insurance.

*Section 4.* These bylaws may be reviewed, amended, and/or revised by a unanimous vote of the presiding Board of Directors.

### **ARTICLE XIV-LOBBYING ACTIVITIES**

On occasion board members will be expected to participate in meetings or social events for lobbying purposes. All such activity will be coordinated and directed by the executive director which is necessary to keep lobbying action appropriately focused.

Anticipated events will include but not be restricted to the following:

- Meetings with New York State organizations
- Meetings with legislators
- Fund-raising events
- Meetings at NYC



**Dynamite Youth Center Foundation, Inc.**  
**Bylaws**

## **PREAMBLE**

Recognizing that Dynamite Youth Center has a responsibility to deal with the drug abuse problems of teenagers and young adults within the community and has accepted and assumed this responsibility, we hereby organize the DYNAMITE YOUTH CENTER FOUNDATION, INC. whose general membership will be known as Friends of Dynamite.

## **ARTICLE 1-NAME**

This organization shall be known as DYNAMITE YOUTH CENTER FOUNDATION, INC. (the “corporation”) and is incorporated pursuant to the New York State Not-For-Profit Corporation Law.

## **ARTICLE II-LOCATION**

Headquarters of the corporation is (*address deleted to maintain program confidentiality*).

## **ARTICLE III-PURPOSE**

The purposes of this corporation are:

- To raise funds, materials, goods, and services to support its drug rehabilitation program (the “program”);
- To provide facilities in which to house the program and any necessary furnishings;
- To act as advisors to the program’s directors and staff when necessary;
- To ensure an open channel of communication among parents, children, and staff of the program.

## **ARTICLE IV-RULES AND REGULATIONS**

The following rules are essential in order to maintain the integrity of the program. Violation of these rules may lead to suspension or expulsion from the Friends of Dynamite.

No use of intoxicating drugs or alcohol within any corporation facility by any Friend of Dynamite.

No use of intoxicating drugs except medication prescribed by a licensed medical practitioner, by any Friend of Dynamite.

No physical violence or threat of physical violence to anyone within any corporation facility by any Friend of Dynamite.



## **ARTICLE V-MEETINGS**

*Section 1.* Meetings of the Friends of Dynamite will be held every Wednesday at 8:30 p.m. throughout the calendar year.

*Section 2.* Special meetings may be called by at least two officers of the corporation and the Executive Director of the program. Reasonable notice, either written or oral, shall be given to all Friends of Dynamite, the Board of Directors, and program staff. Notice of special meetings shall state the date, time, and purpose of the special meeting, and only such matters as stated in the notice may be considered at the Special meeting.

*Section 3.* A quorum for all meetings of the Friends of Dynamite shall consist of fifty (50) Friends of Dynamite, including at least two (2) officers of the corporation.

## **ARTICLE VI-MEMBERSHIP**

*Section 1.* All parents or legal guardians of any child attending the program, either full-time or part-time, are automatically members of the Friends of Dynamite. (Class A membership).

*Section 2.* Any member (18 years and over) of the family of any child attending the program, either full-time or part-time, may become a member of the Friends of Dynamite on request. (Class B membership).

*Section 3.* For clinical reasons, membership of any member of a child's family other than parents or legal guardians must be approved by the Executive Director of the program.

*Section 4.* Membership in the Friends of Dynamite continues after a child has graduated from the program.

*Section 5.* Members of the community who have no children in the program may join the Friends of Dynamite by making a request for membership to the Board of Directors. (Class C membership).

## **ARTICLE VII-DUES**

The Board of Directors may institute a system for payment of dues from the membership. However, due to the nature of the organization, collection of dues is at the discretion of the Board of Directors. The dues payments are made on a voluntary basis and are considered a donation to the corporation.

## **ARTICLE VIII-ADMISSION/SUSPENSION/EXPULSION**

*Section 1.* Admission to the Friends of Dynamite occurs at the first meeting held following the child's acceptance into the program or acceptance of membership request.

*Section 2.* In addition to those reasons indicated in Article IV, the following actions may be considered cause for suspension or expulsion from the Friends of Dynamite:

- a. Use of one's membership in the Friends of Dynamite in order to realize personal monetary gain.
- b. Making or soliciting personal loans from other members of the Friends of Dynamite.

## **ARTICLE IX-OFFICERS/BOARD OF DIRECTORS**

*Section 1.* The Board of Directors of the corporation shall have not less than three (3) nor more than seven (7) members.

*Section 2.* The Board of Directors of the corporation shall consist of the officers and two (2) elected Members-at-Large.

*Section 3.* The officers of the corporation are Chairperson, Vice Chairperson, Treasurer, Secretary of the Board, and Corresponding Secretary.

*Section 4.* All members of the Board of Directors may vote on resolutions.

*Section 5.* Chairperson votes only in case of a tie vote.

*Section 6.* A quorum of three (3) officers must be present to hold a meeting of the Board of Directors.

*Section 7.* The present Board of Directors will elect a Chairperson for the coming year (for one year with the option to remain in office for the following year).

*Section 8.* The remaining members of the Board of Directors shall be elected annually by a majority vote of the Friends of Dynamite.

*Section 9.* No two offices shall be held at the same time by any one member.

*Section 10.* No members of the same family may serve on the Board of Directors concurrently.

*Section 11.* All members of the Board of Directors who, during the course of their function, are required to handle funds must be bonded by a reliable institution.

*Section 12.* In addition to those Members-at-Large who are elected, additional advisors may be appointed by the Chairperson and Executive Director of the program, jointly.

*Section 13.* The Executive Director of the program and up to two (2) staff members appointed by him shall attend meetings of the Board of Directors.

*Section 14.* The Board of Directors shall meet on the first Wednesday of each month.

*Section 15.* Meetings in addition to regularly scheduled bi-weekly meetings may be called as needed. Notice of such meetings shall be given as far in advance as possible to all members of the Board of Directors and to the Executive Director of the program.

*Section 16.* Members of the Board of Directors will receive no compensation for their services.

*Section 17.* Any communications of a clinical nature which are related to any member of the Board of Directors by any Friends of Dynamite will be reported to the program staff as soon as possible and will not be part of the Board of Directors business.

*Section 18.* All members of the Board of Directors will, in good faith, exemplify proper conduct.

#### **ARTICLE X-NOMINATION, ELECTION, INSTALLATION, VACANCIES**

*Section 1.* All members of the Friends of Dynamite are eligible to vote and must be in good standing with the organization in order to vote or to run for any elected position.

*Section 2.* All Class A and Class B members are eligible for election to any position on the Board of Directors. If a Class C member wishes to serve on the Board of Directors, the Nominating Committee will bring the name to the then sitting Board of Directors for acceptance. Only Class A and Class B members may be nominated from the floor.

*Section 3.* Election of the Board of Directors will be held on the second Wednesday of December. The newly elected Board of Directors will take office on the first Wednesday in January following the election.

*Section 4.* In the event that any officer absents himself/herself from three (3) consecutive meetings, without an acceptable excuse, the Board of Directors may, upon majority vote, deem such absence an abandonment of office. The Chairperson will then declare such office vacant and order a special election to be held to fill the vacancy. When a motion is made for such declaration, it will be forthwith tabled to the next regular meeting. Following its tabling, a letter will be sent, by registered mail, return receipt requested, to the officer's last known address notifying him/her of the motion and its tabling.

*Section 5.* When a vacancy occurs on the Board of Directors, the board will nominate three (3) members of the Friends of Dynamite to fill the vacancy, to be voted upon by all eligible members of the Friends of Dynamite. Election to fill the vacancy will take place at the next regularly scheduled meeting of the Friends of Dynamite.

## **ARTICLE XI-DUTIES OF MEMBERS OF BOARD OF DIRECTORS**

*Section 1.* Chairperson. The Chairperson will preside at meetings, maintain order and cause the rules and regulations of the corporation to be observed. He/she shall appoint committees. He/she shall be a member ex-officio of all committees. He/she shall, together with the Treasurer and/or Executive Director of the program, sign all drafts, checks, warrants, and orders for payment of money. He/she shall execute all agreements when duly directed by the Board of Directors.

*Section 2.* Vice Chairperson. The Vice Chairperson will assist the Chairperson in the discharge of the latter's duties and in the absence of the Chairperson discharge all of the duties of the office of Chairperson.

*Section 3.* Treasurer. The Treasurer is responsible for all fund-raising events and the appointment of all chairpersons for each event. He/she shall, together with the Chairperson and/or Executive Director of the program, sign all drafts, checks, warrants, and orders for payment of money. He/she shall keep a true and accurate account of all receipts and disbursements and report upon them as frequently as may be requested by the Board of Directors. He/she shall sit as a member ex-officio of all fund raising event committees.

*Section 4.* Secretary of the Board. The Secretary of the board will take minutes or appoint a member of the Friends of Dynamite to take minutes of all meetings of Friends of Dynamite and perform all duties required of that office by the Board of Directors.

*Section 5.* Corresponding Secretary. The Corresponding Secretary will conduct all correspondence and perform all duties required of that office by the Board of Directors. He/she shall maintain up-to-date address records of all Friends of Dynamite.

*Section 6.* Member-at-Large. Member-at-Large will attend meetings of the Board of Directors. He/she will act as liaison between the Board of Directors and the community at large.

*Section 7.* General. The Board of Directors will preside over all hearings regarding the suspension and/or termination of senior staff members of the program as provided in the Program Personnel Manual.

## **ARTICLE XII-COMMITTEES**

*Section 1.* Nominating Committee. The Nominating Committee will consist of the newly elected Chairperson and four (4) members of the Friends of Dynamite, and will be elected by majority vote of all eligible Friends of Dynamite.

*Section 2.* Ad Hoc Committees. Fund raising, attendance, and other committees will be appointed by the Chairperson and/or other members of the Board of Directors as needed.

### **ARTICLE XIII-FUNDS**

*Section 1.* The corporation will maintain a general checking account and savings account in its name with a reliable banking institution.

*Section 2.* The funds in the general checking account will be used to pay for day-to-day expenses incurred by the corporation or its program.

*Section 3.* All checks, drafts, warrants, and orders of payment of monies must be signed as follows:

Chairperson or Treasurer  
AND  
Executive Director or  
Residential Facility Director

*Section 4.* Withdrawals of \$1000 or more from any account are subject to the approval of the Board of Directors.

*Section 5.* Additional checking and savings accounts may be opened as needed as directed by the Board of Directors.

### **ARTICLE XIV-GENERAL PROVISIONS**

*Section 1.* The order of business at all meetings will be in an agenda prepared by the Board of Directors prior to the meeting. The agenda will include the following: reading of the minutes of the previous meeting; Treasurer's report; report of committees; discussion of old business; discussion of new business.

*Section 2.* All actions taken at meetings of the Friends of Dynamite must be approved by a majority of the members present at the meeting.

*Section 3.* It shall be the duty of every member to notify the Corresponding Secretary of a change in his/her address, and the last address of each member as recorded shall be deemed such member's proper and correct address for all purposes.

*Section 4.* On questions of parliamentary procedures or rules of order, Robert's Rules of Order shall prevail.

*Section 5.* The Friends of Dynamite has no involvement in any clinical decisions.

*Section 6.* The Corporation shall carry all necessary insurance coverage including, but not limited to, premises liability insurance, building fire insurance, contents fire insurance, and automobile liability insurance.

*Section 7.* If the Executive Director of the program ascertains that a decision of the Board of Directors is in direct conflict with the fundamental tenets of the program, he/she shall have the option to take the issue to the Friends of Dynamite for discussion and vote. This vote shall decide the issue. This section may be changed only by a majority vote of the Friends of Dynamite. In this extraordinary circumstance, it shall be the option of the Executive Director to call for a vote either immediately after a meeting of the Board of Directors or on the following meeting nights. All Friends of Dynamite in attendance, except guests and Friends of Dynamite whose membership is less than four weeks, are eligible to vote.

*Section 8.* These bylaws may be reviewed, amended, and/or revised by a unanimous vote of all the officers of the then-presiding Board of Directors.

# **Appendix G:**

## **Personnel Policy and Procedure Manual**

**Dynamic Youth Community**





**Dynamic Youth Community, Inc.**  
Personnel Policy & Procedure Manual

Revised July 1, 1995



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*Section I*  
**Introduction**

**A. THE DYNAMITE PHILOSOPHY**

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

**B. PURPOSE OF THIS MANUAL**

This philosophy demands our full dedication to the highest ideals of quality service and a determination to do our best whatever our assigned role is. If NYC employees are to fulfill the high expectations of our commitment, the proper climate for successful working relationships must then be provided. This handbook has been prepared with these important considerations in mind.

The purpose of this handbook is to assist in the uniform application of personnel policies and procedures throughout the agency.

NYC is funded by the New York State Office of Alcoholism and Substance Abuse Services. This contract is renewable annually, and continuation of employment for all personnel is dependent upon such contract approval and the continuation of those funds by the governmental agency.

Employment is at the discretion of NYC and the employee. That means that the agency reserves the right to terminate employment and the employee reserves the right to resign, each with appropriate notice.

**THIS HANDBOOK IS NOT A CONTRACT BUT ONLY A STATEMENT OF PROCEDURES, WHICH MAY BE MODIFIED AS NEEDED BY THE AGENCY.**

***Section II***  
**Agency Structure**

**A. EMPLOYEE RELATIONS PHILOSOPHY**

When making decisions regarding the operations and administration of the agency, impact on its clients and staff is always an important consideration.

DYC expects a great deal from its employees: performance, dedication, flexibility, loyalty, and integrity. In return, the agency offers competitive compensation and a deep concern for the quality of the work environment, respect for the individual needs of each staff member, and support for the professional development of staff.

Employees are encouraged to discuss their concerns with their immediate supervisor. The agency believes that each employee has the right to speak for herself or himself and should feel confident that her/his concerns will be considered fairly.

**B. BOARD OF DIRECTORS**

1. ROLE The board oversees the creation and implementation of policies governing program management and operations. The organization of the Board of Directors is governed by the corporation's by-laws. The board fulfills its policy role by monitoring fiscal management, personnel policies, service to clients, and any other significant matters.

2. LIST OF BOARD MEMBERS

*(Deleted for privacy purposes)*

**C. ORGANIZATION CHART**

See attached chart in Section 2 of the Dynamic Youth Community, Inc. Treatment Manual.



*Section III*  
**Personnel Policies & Procedures**

**A.**     **EMPLOYEE SELECTION**

1. NON-DISCRIMINATORY POLICY   DYC is an equal opportunity employer and does not discriminate against an employee or applicant for employment because of race, creed, color, national origin, sex, age, disability, veteran status, marital status, sexual orientation, or affectional preference with respect to all employment decisions including, but not limited to, recruitment, hiring, upgrading, demotion, downgrading, transfer, training, rates of pay or other forms of compensation, layoff, termination, and all other terms and conditions of employment.

2. JOB ADVERTISING   When there are no suitable applicants within the agency, vacancies will be advertised in the *New York Times* and local papers. Job announcements are further disseminated by word of mouth of staff, in local agencies, and at other drug treatment programs.

3. INTERVIEWING   First interviews are conducted by program staff as a screening process. Follow-up interviews are arranged for qualified applicants with the administrative staff. The interviewing process consists of oral and/or written communication. Medical examinations are not required. Applicants fill out an application or submit a resume and provide two recommendations to the associate director for follow-up. An applicant's education, training, experience, personal characteristics, and ability to fulfill the requirements of the position for which he/she is being considered will be assessed during the course of at least two interviews.

4. HIRING   If the applicant is judged acceptable by the interviewers, a final decision to offer the position will be made only after verbal approval by the executive director. Once approved and after both references and other necessary paperwork (resume or application) have been received, a letter will be sent to the applicant confirming the job offer.

All employees must meet the minimum job qualifications as set out by the New York State Office of Alcoholism and Substance Abuse Services, which are available to all employees upon request, or have comparable job qualifications which enable them to do the job for which they are hired.

**B.**     **EMPLOYEE ORIENTATION**

The purpose of employee orientation is to familiarize new personnel with all agency policies and procedures, benefits, and the basic requirements of the job.

1. NEW EMPLOYEE PROCESSING   During the first week, the employee should have an appointment to review his/her benefits. The supervisor should review the job description and the basic job requirements with employees. In addition, appropriate staff introductions and a tour of the facility should be scheduled to assist new staff members in becoming fully integrated.

## 2. EMPLOYMENT CLASSIFICATION

- a. Permanent, full-time salaried staff who are employed for one year or more are required to work thirty-five or more hours per week. Permanent, full-time salaried staff who are employed for less than one year are required to work forty or more hours per week. These employees are entitled to all agency benefits.
- b. As of July 1, 1986, permanent, part-time salaried employees who work at least 20 hours per week are entitled to benefits. Additionally, these employees will be paid for holidays only when they occur on one of their normal work days.
- c. Temporary or seasonal employees are hired for a specified time period for a certain number of hours per week. They are not entitled to any agency benefits other than holidays which occur on normally scheduled workdays.

Any questions regarding classification or benefits eligibility should be directed to the employee's immediate supervisor.

3. JOB DESCRIPTION Each job classification has its own job description, specifying the tasks to be performed by the employee. A copy will be given to the employee, and the immediate supervisor will thoroughly explain the tasks described. The employee is responsible for fulfilling all the required duties unless otherwise directed by the supervisor.

## 4. INITIAL PROBATION PROCESS

- a. *Initial Probation:* The first six months of employment will be considered a probationary period for newly hired personnel. This is to provide a period of adjustment and evaluation for the new employee and the supervisor, to determine whether continued employment is mutually advantageous. This same six-month probation period will apply to any employee receiving a new job title.
- b. *Initial Probation Extension:* An extension of up to three additional months may be imposed by the agency if additional time is needed to further assess the employee.
- c. *Conduct During Initial Probation:* When a new employee violates an agency policy or procedure or when his/her work performance shows signs of being below standard, it will be the immediate supervisor's responsibility to counsel the employee toward improved performance. This will be done by meeting with the employee, informing him/her of the problem area, and offering a means for correcting it.

If the problem continues, the immediate supervisor may terminate employment with the written approval of the executive director. However, the supervisor must prepare a performance appraisal at the time of termination documenting the reason for the action taken.

- d. *Notice:* If during the initial probationary period, either the agency or the employee decides to terminate employment, two weeks notice will be given to or expected from the employee.

## **C. EMPLOYEE SALARY AND BENEFITS**

**1. FUNDING** NYC is funded through grants from the New York State Office of Alcoholism and Substance Abuse Services. These contract grants are renewable annually, and continuation of employment for all personnel is contingent upon such contract approval and the continuation of funds.

Employment is at the discretion of the organization and the employee. That means that the agency reserves the right to terminate employment and the employee reserves the right to resign, each with appropriate notice.

**2. SALARY AND SALARY INCREMENTS** The purpose of salaries is to provide fair and just compensation to each employee. Employee salary levels are determined and adjusted by the administration according to job title and in compliance with guidelines for the contracting governmental agencies.

Salary increments are based on job performance factors as evaluated by the employee's supervisor. Increases are not automatic but are given on the basis of the employee's last written evaluation and are subject to the agency's financial ability to grant increases. Increments permitted by the funding source are awarded only when an approved contract budget is received. Of course, retroactive pay will be granted to the effective date of increment, if so permitted by the funding source.

As stated above, salary increments are not to be provided unless there is documentation of satisfactory work performance. If an employee receives an unsatisfactory performance evaluation, the supervisor will withhold the increment until the employee has sustained a satisfactory level of performance.

**3. BENEFITS** *Note:* The benefits described herein are only briefly highlighted. For specific information and exact coverage and time frames, employees must consult the booklet provided by these insurers to the agency. Any questions should be directed to the associate director.

a. *Medical and Dental:* The agency provides medical benefits coverage through *(name deleted for privacy reasons)* comprehensive medical and dental group policy. This plan covers all permanent, full-time employees and their families. If eligible, permanent part-time employees may also be covered. For details of plan coverage, employees must consult *(name deleted)* group insurance booklet or contact the associate director.

b. *Insurance:*

**Group Life:** The agency provides \$20,000 worth of group life insurance coverage to permanent, full-time employees and eligible part-time employees.

**Accidental Death and Dismemberment:** The agency provides up to \$10,000 worth of additional coverage for accidental death or dismemberment.

Both benefits are provided through *(name deleted)* group insurance benefits policy. For details of plan coverage, employees must consult *(name deleted)* group insurance booklet or contact the associate director.

c. *Workers Compensation:* This benefit provides partial income and medical care to an employee who is unable to work due to an injury that occurred on the job.

Under the terms and conditions of the Occupational Safety and Health Act of 1970 (OSHA), the agency is required to furnish employment and places of employment free from recognized hazards causing or likely to cause physical harm or death. The agency has the duty of complying with safety and health standards promulgated under the Act. Employees have the responsibility of performing their duties in a safe and sensible manner thereby avoiding the risk of injury to themselves and other employees. Worker's Compensation benefits begin on the eighth consecutive day of absence following the injury.

Employees should report all work-related injuries to a supervisor. Failure to report an injury in a timely manner may jeopardize an employee's Worker's Compensation claim, should medical treatment be required later.

Worker's Compensation claims are paid through the *(name deleted)* company. Forms can be obtained from administration. All questions regarding specifics should be directed to the associate director.

d. *Short-Term Disability Insurance:* This benefit is to provide partial income to an employee who is unable to work due to illness or injury which occurred off the job. All employees who have worked at least four weeks for the agency are covered under the provisions of the New York State Disability Benefits Law.

Benefits begin with the eighth consecutive day of disability (after five working days) up to and including twenty-six weeks of disability during a fifty-two week period. The employee will receive full salary for the number of sick days accrued. Upon expiration of the accrued sick time, the employee will begin receiving the disability benefits to which he/she is entitled by law.

The employee will continue to accrue seniority but will not accrue vacation or sick time, nor be eligible for any holiday which occurs during the leave. Health and life insurance coverage will be continued when the employee is using sick time. To continue coverage beyond that point, the employee must reimburse the agency for premiums paid on his/her behalf.

The employee will ordinarily be reinstated in his/her former position upon return from disability leave. However, if the employee is absent for a long period of time, it may become necessary to fill the vacant position with another permanent employee (after first attempting to fill the opening with a temporary employee) in order to provide continuing services and coverage. When this occurs, every effort will be made to place the employee returning from the disability leave into another suitable opening at the earliest possible time.

Disability benefits are paid by the *(name deleted)* company. Forms can be obtained from administration.

- e. *Unemployment Insurance Benefits:* These benefits are to provide payments to eligible individuals whose employment with the agency has been terminated. Effective January 1, 1971, all non-profit organizations in New York State became liable for the payment of unemployment insurance benefits to eligible former employees. The cost of these benefit payments is financed entirely by the agency and nothing is deducted from an employee's paycheck. Details on unemployment insurance are available in the administrative office or at the local office of Unemployment Insurance.

- f. *Annuity and/or Pension Plan:*

1. All employees will be given the option to join the **employee-contributed** tax shelter annuity plan when they become eligible.
2. All employees will be enrolled in an **employer-contributed** pension plan. The existing plan is as follows:

Years of Service:	Contribution Entitlement
3	20%
4	40%
5	60%
6	80%
7	100%

- g. *Bereavement Policy:* In the case of an employee of Dynamic Youth Community, Inc. (“DYC”) who lives on Dynamite Youth Center Foundation, Inc.’s (“Foundation”) property in Fallsburg, New York, the following policy will apply:

Upon the death of the employee, the Foundation will offer to provide housing for only the family members currently residing with the employee. Housing will be provided for a period of up to one year after the employee’s death, depending upon employee’s length of service (see chart).

The choice of living quarters is solely that of the Foundation and will depend upon the housing and personnel needs of the DYC program. In all cases, the employee’s family will be allowed to remain housed on the property for the two months immediately following the employee’s death. If the family chooses to accept the offer of housing it is expected to conduct itself in an appropriate manner.

In the event that the Foundation is unable to provide the employee’s family with living quarters on the property, a relocation grant will be given to the family as outlined in the attached chart. However, if the family does not accept the offer of housing, or chooses to leave prior to its allowable housing period, it will receive no grant.

<b>Length of Service</b>	<b>Allowable Family Housing Period</b>	<b>Relocation Grant Amount</b>
Under 1 year	Up to 2 months	0
Under 2 years	Up to 4 months	\$1,000
Under 4 years	Up to 6 months	\$3,000
Under 5 years	Up to 8 months	\$7,000
5 years or more	Up to 12 months	\$10,000

**D. PAYROLL PROCESSING**

**1. PAYROLL AND BENEFITS PROCESSING** During the first two weeks of employment, the associate director will explain the highlights of the agency’s benefits, aid the new employee in completing the required tax benefit application forms, inform him/her of the optional self-paid benefits available, and answer any questions about related matters.

A waiver of benefits form must be signed by an employee not wanting any benefits offered.

2. PAYMENT OF SALARIES All employees will be paid by check every two weeks, on alternate Thursdays. Checks will be distributed by individuals designated by the executive director. If a payday falls on a holiday, the payroll will be distributed on the day of business prior to the holiday. An employee should direct any question concerning paychecks to the associate director.

3. PAYROLL DEDUCTIONS In order to comply with legal requirements involving payroll and to enable employee enrollment in the optional plans, payroll deductions are made. The agency, as required by law, will make the following deductions from each paycheck:

Federal Income Tax  
New York State Income Tax  
New York City Income Tax  
Social Security Contributions  
Medicare Contributions  
Disability Insurance  
Annuity (Optional)

If the employee wishes to change the number of exemptions on his/her tax withholding form (W-4) he/she should notify the senior bookkeeper.

4. WAGE ASSIGNMENTS/GARNISHMENTS Employees are encouraged to settle matters with creditors before the agency is ordered to deduct money from their salary, as required by a wage assignment or garnishment.

The employee will be notified when a wage assignment or garnishment has been received from the City Marshall's office, so that the employee can make arrangements for payment with the creditor. If no arrangement is made and the agency is not released from the wage attachment, the senior bookkeeper will deduct the appropriate amount from the employee's paycheck and forward it to the creditor in accordance with the terms of the wage attachment.

## **E. EMPLOYEE ATTENDANCE**

1. STAFF SIGN-IN AND RECORDING Staff members are to sign in daily upon arrival and sign out at the end of the workday. Staff members who plan to be away from their office with approval for the entire day, in conjunction with program assignments, must contact their supervisor at some point during the day to check for messages and report on activities.

All upstate time sheets must be sent to the associate director for each pay period. If any time sheet is not received, that employee's paycheck will not be released.



The senior bookkeeper in the Brooklyn facility and the bookkeeper in the residential center facility will record each employee's time and the employee will receive a quarterly report of accumulated time. Time sheets are filed in the administrative office.

Individuals hired on a contractual basis (such as consultants) are not subject to these time and attendance policies but nonetheless shall be subject to time recording requirements as specified in the contractual agreement.

2. EMPLOYEE ABSENCE It is the responsibility of the employee to personally advise his or her immediate supervisor by telephone, before 9:30 a.m., that he or she will be unable to report to work. When reporting absence, the employee should indicate the reason for the absence and its expected duration. The employee must call the supervisor each day thereafter, as long as the absence continues.

3. LATENESS An employee who arrives after his or her normal starting time is late for work. While the agency understands that employees may be late for work occasionally for personal reasons or transit delays, habitual lateness will not be tolerated. Excessive lateness will impact on an employee's overall performance evaluation and continued employment with the agency. Employee vacation time may be docked by the supervisor, at his or her discretion.

Employees are expected to be on their jobs, ready for work, in accordance with their daily work schedule. Each day one staff member is assigned to open the center, and it is critical that the assigned person arrive on time. Therefore, lateness will not be excused in this situation.

4. WEATHER EMERGENCIES AND TRANSIT DELAYS Regardless of the commuting difficulties caused by weather or transit delays, employees are expected to report to the office on each scheduled work day, unless advised otherwise by the agency. Employees who are unable to report to work may request paid time off as annual leave.

## **F. BASIC WORK HOURS**

1. BASIC WORK DAY A work day consists of seven (7) or eight (8) working hours, with one half (1/2) hour for lunch. Adjustments in starting or ending times are permitted as conditions necessitate (i.e., field visits, outreach work, court cases, training, late days, etc.) only with permission from the supervisor. Employees are expected to take lunch with the clients for therapeutic reasons. Lunch is therefore provided by the agency without charge.

2. RESIDENTIAL EMPLOYEES Employees of the residence who work on Saturday and Sunday will receive the following Monday and Tuesday off. These days may only be changed with approval from the program director.

3. COMPENSATORY TIME An employee may be requested to work beyond the limits of his work day and/or work week. In such instances, the employee will be given equivalent time off, when possible.

4. CHANGES IN WORK SCHEDULE All changes of work schedule must be approved by the supervisor prior to the change. Work schedules at each site should be standardized as much as possible for most staff starting and ending times, to facilitate client service and the least amount of disruption.

5. BREAKS

- a. *Break Policy—Residence:* Working hours on Saturday are from 12:00 p.m. until 9:00 p.m. (provided that the situation of the house allows it).

Staff who opt to eat dinner at their own residence may do so only between 5:00 p.m. and 6:00 p.m. This is the only designated time for an authorized break. Any staff member who deviates from this timetable without proper authorization will be subject to disciplinary action. If a staff member happens to be involved in a situation that calls for his/her presence during the scheduled break hour, he/she forfeits the time allotted for the break.

Working hours for Sunday are from 12:00 p.m. until 9:00 p.m. (provided that the situation of the house allows it). There is no authorized break period for Sundays. Any staff member that deviates from the procedure without proper authorization will be subject to disciplinary action.

- b. *Break Policy—Day Services and Outpatient:* Employees who are on duty alone are not permitted to take a break. In the event a personal emergency should occur while on duty, a supervisor must be notified. If it is necessary to leave the facility during regular work hours, a supervisor must be informed.

All breaks must be reflected on time sheets.

**G. SICK, ANNUAL, HOLIDAY, MATERNITY, AND SPECIAL LEAVE**

1. SICK LEAVE

Full-Time Employees: Sick leave will accrue at the rate of one day per month worked during a contract year for permanent full-time staff only. Days may not be considered available until the last day of the month. Employees may earn up to one year's sick leave (12 days) to be used in the event of occasional illness. An additional eight days may be used in the event of severe, continuous unhospitalized illness or injury, with the approval of the executive director. An additional 20 days may be used (over the previous eight), only in the case of hospitalization for illness or injury, with the approval of the executive director.

When all sick leave is used and the illness or injury continues, then the employee will use accrued annual leave. If an employee is unable to work for four consecutive days due to illness or injury, a doctor's note must be presented to the associate director on the first day of return to work.

Part-Time Employees: Part-time employees working 20 hours or more per week will be credited with one sick day for every two (2) months of service. Part-time employees may accrue up to one year's sick leave for the occasional illness.

2. ANNUAL LEAVE Annual leave is defined as a combined vacation, personal business, and religious holiday leave. Annual leave is accrued as follows:

Full-Time Employees: For employees hired before March 1, 1981:  $2 \frac{1}{12}$  days for each month of service (5 weeks per calendar year). For employees hired after March 1, 1981:  $\frac{8}{10}$  of a day for each calendar month of service during the first through third year of employment (2 weeks per calendar year);  $1 \frac{1}{4}$  days for each calendar month of service during the fourth through seventh year of employment (3 weeks per calendar year); and  $1 \frac{2}{3}$  days for each calendar month of service during the eighth year of employment and thereafter (4 weeks per calendar year).

Part-Time Employees: The following are the days available for part-time employees working 20 hours per week or more:  $\frac{1}{3}$  day for each calendar month of service during the first through third year of employment (4 days per calendar year);  $\frac{1}{2}$  day for each calendar month of service during the fourth through seventh year of service (6 days per calendar year); and  $\frac{2}{3}$  of a day for each calendar month of service during the eighth year of employment and thereafter (8 days per calendar year).

Annual leave is credited on the last day of the month and is not to be considered available until the last day of the month. Annual leave may be taken in  $\frac{1}{2}$  day periods and may not be used for the first four (4) months of employment, except for religious holidays. Annual leave may be taken prior to accruing the time. However, if an employee leaves his/her job before accruing annual leave, the balance will be deducted from his/her final paycheck.

Requests for annual leave must be submitted in writing at least one week prior to the requested time on the form provided and must be approved by the executive director. One full year's worth of annual leave may be accrued. However, it must be used within three (3) months of the close of the fiscal year (June 30<sup>th</sup>). If it is not used, it will be forfeited.

If a request for annual leave is submitted and denied, such time may be carried to the new anniversary year until such time as the request is approved. In no case may more than 40 days of annual leave be accrued.

If an employee is hospitalized while on annual leave, the period of such verified hospitalization shall be charged to sick leave and not to annual leave. Where an employee is sick but not hospitalized, the executive director may approve charging the period to sick leave.

Checks for annual leave will not be released in advance.

3. HOLIDAYS The agency generally observes the following holidays:

New Year's Day  
Martin Luther King Day  
Washington's Birthday  
Memorial Day  
Independence Day  
Labor Day  
Yom Kippur  
Columbus Day  
Election Day  
Veteran's Day  
Thanksgiving Day  
Christmas Day

Each year, at the beginning of the year, administration will designate the exact dates of holiday observances for the year. If the agency requests an employee to work on a scheduled holiday, he/she will be given another day off which will be scheduled with prior supervisory approval. Time for any holiday worked should be taken in the same week the holiday occurs unless otherwise approved by the supervisor. Holiday time may not be accrued and requested as add-on to vacation time unless approved by the executive director. This will generally be approved only if the employee has limited vacation time or special circumstances exist.

4. PERSONAL DAYS All full-time employees with six years of service or less are entitled to two (2) personal days per year. This day may not be used in conjunction with annual leave and must be approved by a supervisor at least one week prior to the requested day off. This day is intended for personal business (e.g., furniture delivery, utility installation, doctor's appointment, etc.).

5. SPECIAL LEAVE At the discretion of the executive director, employees who have exhausted all earned sick leave and annual leave balances due to illness or injury may be permitted to use unearned sick leave allowance up to the amount earnable in one year of service, chargeable against future earned sick leave.

Absence of employees, for the reasons indicated below, shall be excusable at the discretion of the executive director without charge to sick or annual leave balances, upon submission of evidence satisfactory to the executive director.

Death in the immediate family: Absence not to exceed five (5) work days in the case of death in the immediate family. Immediate family shall be defined for this purpose as spouse; natural, foster, or step-parent; child; sibling; father-in-law; mother-in-law; or any person living in the employee's household.

Jury Duty: Leave for jury duty shall be granted to an employee. He/she will be paid his/her full salary, provided that he/she endorses his/her check for jury duty to the NYC program.

Court attendance under subpoena or court order: Paid leave to attend shall be granted at the discretion of the executive director.

Health Department ruling with respect to quarantine: Absence is required by Health Department because of quarantine in employee's immediate household.

6. MATERNITY LEAVE The agency recognizes childbirth and the complications of pregnancy as a temporary medical disability for which a maternity leave will be granted. As with other disability benefits, the employee must work for at least four (4) weeks in order to be covered by pregnancy disability benefits.

Maternity leave of absence shall be granted for a period up to three (3) months. An employee wishing to resume duties prior to the end of maternity leave shall notify the executive director in advance and submit medical proof of ability to perform her duties.

Disability benefits will be provided for disabilities due to pregnancy for a period not to exceed eight weeks. For disabilities occurring as a result of a complication of pregnancy, benefits will be provided on the same basis as a disability due to any other reason. Benefits are to be paid only when a claim for such benefits is made by an employee. Benefits begin with the eighth consecutive day of disability (after five working days) and can extend up to 26 weeks. The employee will receive full salary for the number of sick days unused. Upon expiration of the unused sick time, the employee will begin receiving disability benefits to which she is entitled by law.

The employee will continue to accrue seniority but will not accrue vacation or sick time nor be eligible for any holidays which occur during the leave. Health and life insurance coverage will be continued while the employee is using accrued sick time.

It may become necessary to fill the position which is vacant because of maternity leave with a permanent employee in order to provide continuing services and coverage. As with other disability leaves, when this occurs, every effort will be made to place the employee returning from maternity leave into another suitable opening at the earliest possible time.

The employee must contact the executive director at least 30 days prior to the termination of the leave, stating her intention to return or not to return to regular employment at the conclusion of the leave. If the employee does not return to work at the end of the agreed maternity leave period, her employment will be terminated.

7. LEAVE WITHOUT PAY Employees may request a leave without pay for extraordinary personal or professional reasons. Requests submitted will be granted at the discretion of the executive director. All such requests must be submitted with all appropriate explanations to the executive director no less than one (1) month prior to the requested leave. Under no circumstances will a leave of longer than six (6) months be considered.

It may become necessary to fill the position which is vacant in order to provide continuing services and coverage. As with other leaves, when this occurs, every effort will be made to place the employee returning from his/her leave into another suitable opening at the earliest possible time.

## **H. STAFF DEVELOPMENT AND EVALUATION**

DYC has a deep concern for the quality of the work environment, particularly a respect for the professional needs of staff members. As such, the agency wishes to see each employee develop his or her potential. To accomplish this, DYC will strive to support its staff in their professional development.

1. SUPERVISION Through regularly scheduled, individual, and group supervision, management will provide direction and support to employees. In addition, job clarity through the use of job descriptions will enable staff to fully understand job responsibilities.

2. TRAINING The agency has long recognized the need for continuing education for all staff. The principle reason is that better trained staff members mean better services for the agency's members. At the same time, however, continuing education is also of benefit to individual staff members. Drawing on the skill and expertise of our employees, ongoing efforts will be made to provide quality in-service training programs. When the necessary training cannot be provided within the agency, outside educational and developmental resources will be considered as determined by the executive director.

### **3. PERFORMANCE EVALUATION**

- a. *Purpose:* The primary purpose of a performance evaluation is to review the job performance, abilities, progress, attitude, and potential of each employee. Through the use of a written performance evaluation, each supervisor informs the employee how he or she is regarded in these matters. Evaluation should be constructive in nature, pointing out the areas in which the employee does well, the areas in which the employee does not do well, and suggested methods by which the employee can improve performance.

There are specified occasions when the employee is to receive a formal written performance evaluation prepared by the supervisor. They are as follows:

Initial Probationary Review – Upon completion of the initial probationary period for all newly hired employees (see *Initial Probationary Period*, discussed earlier).

Annual Review – Each year all employees will be evaluated at least once, generally at the same time designated by administration.

- b. *Guide to Completion of Performance Evaluation*: All job descriptions have been revised to reflect each employee's current responsibilities. Each job description should serve as a guide for the worker and the supervisor in performance evaluation.
- c. *Personnel Files (see Employee Records under General Issues)*: The program shall maintain a personnel file for all staff. The file may include the following material:
  - All official evaluations of the employee's performance
  - A resume or an employment application
  - Official commendations and acknowledgements

All personnel have the right of access to their personnel files and may review their files by submitting a written request to the executive director. Employees are entitled to attach a signed rebuttal to any material placed in the performance files, including evaluations.

4. PROMOTIONS/TRANSFERS All program staff openings are posted, and present staff have the opportunity to apply. The agency, in filling a vacant position, will give first consideration to qualified employees within the agency based on their capabilities, performance, experience, training, and seniority. If employees are interested in a new position or a lateral transfer, they should submit their letter of intent to the associate director. Applicants are required to meet the educational and work experience criteria necessary for the position.

Employees may be transferred from one service to another by the agency when such a transfer is necessitated by changing agency needs. Transfers are made after consultation or discussion with the individual employee.

A request for transfer to existing potential job vacancies may also be initiated by an employee. However, transfers of a lateral nature will not be considered unless an employee has completed one year of service in his or her present position. All such requests will be reviewed by the executive director and his decision will be final.

When an employee is promoted or transferred to a new position, he or she will enter into a new probationary period of three (3) months. At that point, the initial probationary policy is in force.

## **I. EMPLOYEE CONDUCT**

**1. SUMMARY DISMISSAL** Proper on-the-job conduct of employees is essential to the well-being of the people we serve, fellow employees, supervisors, and the agency. An employee may be subject to summary (immediate) discharge for misconduct in any of the following areas:

- a. Dishonesty, embezzlement, or the willful destruction of property belonging to a client, a visitor, another employee, or the agency.
- b. Negligence endangering the welfare of a client, a visitor, or another employee.
- c. Physical abuse toward or sexual activity with any client in treatment.
- d. The inability to carry out one's duties as result of excessive use of alcohol or prescription drugs.
- e. Consumption of alcoholic beverages on the agency's premises.
- f. Any use of illegal substances.
- g. Gambling or fighting on the agency's premises.
- h. Conduct violating common decency or conduct detrimental to the agency.
- i. Falsification of agency records.

An employee who is terminated for any of the above reasons will be paid only until the last day worked and will forfeit all agency benefits, including unused vacation time, at the discretion of the agency.

Such summary dismissal action may only be taken by the executive director or the associate director with the approval of the executive director.

**2. WARNING NOTICE AND PROBATION** When an employee violates an agency policy or procedure or when an employee's work performance shows signs of being below standard, it will be the immediate supervisor's responsibility to counsel the employee toward improved performance, first verbally and subsequently in writing.

If the violation or unsatisfactory work performance continues beyond a verbal warning and one written warning, the immediate supervisor may place the employee on probation for a period of at least one (1) month but not more than three (3) months. The supervisor has the option of continuing the probation period up to an additional three (3) months.

If the date of the employee's annual increment occurs during the probation period, the increment will be deferred until the employee's performance has improved and he/she is removed from probation.

If the violation of agency policy or procedure continues while the employee is on probation or if the employee's work performance does not improve significantly during the period, employment may be terminated by the supervisor with the approval of the executive director.



### 3. SUSPENSION

- a. *All Employees Except Executive and Associate Directors:* An employee whose actions constitute misconduct either in the performance of his/her job or in matters related to the job as determined by the supervisor may be suspended as a disciplinary action for a period not to exceed four (4) weeks.

An employee whose actions indicate apparent misconduct—either in the performance of his/her job or a matter related to the job—may be suspended for his/her duties immediately by the supervisor while a thorough investigation is made into the charges.

An employee will be placed on suspension by the immediate supervisor after consultation with and approval by the executive director. The employee will have the reason for the suspension and the length of the suspension confirmed in writing by the supervisor. A copy will be placed in the employee's personnel file.

After the facts are known, a decision will be made by the executive director either to exonerate and reinstate the employee, issue a written warning, place the employee on probation, continue the suspension as a disciplinary action for a period not to exceed four (4) weeks, or terminate employment.

An employee placed on suspension forfeits salary and holidays which occur for the period of the suspension. If the employee is on suspension and is subsequently exonerated, all salary and holiday benefits are reinstated to the date of suspension.

Any discussions, testimonies, investigatory process and findings in regard to the allegations at issue will be kept strictly confidential during the proceedings, except in extreme circumstances where the viability of the program is at stake. Divulging findings with the staff, however, will be done at the discretion of the executive director. The same rules of confidentiality apply to staff who are privy to the information.

- b. *Executive and Associate Directors:* The process is essentially the same except that the Board of Directors is responsible for the process. Reports of apparent misconduct would be made or received by the Board of Directors, which would then act as a body in investigating the charges.

4. GRIEVANCE PROCEDURE The employee has the right to appeal a disciplinary action, suspension, termination, or any other matter according to the following procedures:

- a. A written appeal shall be submitted to the immediate supervisor, clearly detailing the grievance, within ten (10) business days of the action to which the employee is objecting.

- b. The immediate supervisor must respond to the grievance with a resolution in writing within ten (10) business days of receipt of the grievance.
- c. If the employee is not satisfied with the resolution, the written grievance must be presented to the executive director within ten (10) business days of receiving the supervisor's response.
- d. The executive director will respond with a resolution to the problem within ten (10) business days of receipt.

## 5. EMPLOYEE SEPARATION

- a. *Voluntary*: Voluntary separations from employment require employees to provide written notice to their supervisor and the associate director at least two (2) weeks prior to the scheduled termination date. Employees failing to give notice will not be entitled to be compensated for any earned vacation.
- b. *Layoff*: For purposes of this section, layoff is defined as a reduction of permanent staff due to fiscal and/or programmatic consideration. It does not apply to individuals employed on a temporary or seasonal basis.

The agency should give an employee at least two (2) weeks written notice prior to the scheduled layoff date. During this period, the employee should have the opportunity to use any accrued overtime and/or holiday time. To the extent possible, the agency should assist the employee in seeking a new position and in providing references, provided the employee is in good standing at the time of layoff.

- c. *Termination for Cause*: Certain acts of employees may be of such a serious nature as to warrant immediate dismissal. Employees should be aware of the circumstances which would generate such an action. In such circumstances, the agency is not required to give a two week notice or compensate employees for accumulated leave credits. Prior to final separation, employees must turn in all program property.

## J. GENERAL ISSUES

1. APPEARANCE All employees are expected to make a good personal appearance and to dress in a manner appropriate for their job functions. Staff are expected to dress with the decorum appropriate to the businesslike, professional atmosphere which is necessary for the proper servicing of our client's needs.

2. EMPLOYEE RECORDS The Office of Alcoholism and Substance Abuse Services requires service providers to maintain complete employee personnel records. At a minimum, employee records should contain the following (though not necessarily in the same file):

- Resume or employment application which includes prior work history
- References, with documentation of written or oral verification
- Hiring notice/letter
- Copy of job performance evaluations
- Salary actions, promotions, etc.
- Income tax withholding forms (W-4 and IT-2104)
- Employee benefits records (e.g., health insurance, pension, etc.)
- Record of training received, if any
- Copies of letters of commendation, if any
- Disciplinary actions, if any
- Grievance matters, if any
- Separation records, if any
- Other pertinent correspondence

Disciplinary actions should only be included in an individual's personnel record if there is a final determination of guilt. If there is not sufficient basis for proceeding with the disciplinary action, the records of such action should be destroyed.

Employee records should be accessible for review by OASAS staff. Each employee is required to submit any change of address or telephone number to the administrative office.

3. REQUESTS FOR EMPLOYEE INFORMATION All requests for information about past or present employees from organizations or individuals not associated with the agency will be directed to the associate director. Included in these requests for information are employment references, wage assignments or garnishments, credit checks, and law enforcement agency inquiries. Employees will refer requests for information to the associate director who will take the appropriate action.

4. EMPLOYEE SUGGESTIONS The agency encourages employees to submit constructive ideas for improving services and methods of performing job functions. An employee should send his/her suggestion in writing to the supervisor with a copy to the associate director. All suggestions will be reviewed periodically by the executive director.

5. EMPLOYEE EXPENSES

- a. *Meal Allowance:* Employees working eleven (11) consecutive hours are entitled to supper money at the rate of fifteen dollars for each eleven (11) hour day.
- b. *Other Expenses:* Anytime an employee uses his/her own money for an approved business expense, including travel, he/she will be reimbursed after presenting the proper documentation of such expense to the associate director.

- c. *Telephone Use:* Since the telephone is a major and, in some cases, the *only* means of communication for people seeking assistance from the agency, telephone lines must be kept free for the proper delivery of services. For this reason, and because of the cost factors involved in telephone use, employees will limit both incoming and outgoing personal telephone calls to cases of emergency. When an employee does make a long distance call from the agency phones for personal reasons, they must log the call and reimburse the agency for the cost when the bill comes in.

## 6. SECURITY AND SAFETY

- a. *Emergency Procedures:* Medical, fire, or police emergencies should be reported to a supervisor and the appropriate authorities immediately. In the event of a blackout, employees should switch off all office equipment and promptly contact their supervisor regarding evacuation procedures, if required.
- b. *Building Access and Security:* To protect both staff and the property of the agency, procedures have been established to limit access to offices on weekends and holidays and before and after work hours. Employees should be sure to discuss access to their work location with the supervisor prior to reporting for work when the offices are officially closed.
- c. *Reporting Thefts and Other Crimes:* Employees are encouraged to report any crime they witness or suspect has taken place on agency premises. A cooperative effort will considerably reduce the chances of the agency and its staff members becoming victims of a criminal act. Employees should immediately report the theft of property or other crimes to the executive director. DYC will not assume responsibility for the theft of personal property but will cooperate and assist in the investigation of all crimes committed on its premises.

7. INCIDENT REPORTS Any incidents, such as police or ambulance calls to the office, client crises, suicide attempts, violence, splits, or discharge from the program should be logged and a report called in to the executive director. An incident report form should be completed and forwarded within 24 hours to the associate director.

8. REQUESTS FOR INFORMATION All requests for information received from the communications media about the agency, its program, policies, or the people it serves should be directed to the executive director or associate director. Employees are not authorized to give out any of the above information without prior consultation and clearance from the executive director.

## Suggested Readings

- Bale, R. N., Van Stone, W. W., Kuldau, J. M., Engelsing, T. M., Elashoff, R. M., & Zarcone, V. P. Jr. (1980). Therapeutic communities vs. methadone maintenance. A prospective controlled study of narcotic addiction treatment: Design and one-year follow-up. *Archives of General Psychiatry*, 37(2), 179-193.
- Broekaert, E., Raes, V., Kaplan, C. D., & Coletti, M. (1999). The design and effectiveness of therapeutic community research in Europe: An overview. *European Addiction Research*, 5, 21-35.
- Brook, R. C., & Whitehead, P. C. (1980). *Drug-free therapeutic community: An evaluation*. New York: Human Sciences Press.
- Bucardo, J., Guydish, J., Acampora, A., & Werdegar, D. (1997). The therapeutic community model applied to day treatment of substance abuse. In G. De Leon (Ed.), *Community as method: Therapeutic communities for special populations and special settings*. Westport, CT: Praeger.
- Cancrini, G., De Gregorio, F., & Cardella, F. (1994). Therapeutic communities. *Journal of Drug Issues*, 24(4), 639-671.
- Carroll, J. F. (1994). Clinical issues in therapeutic communities. In F. M. Tims, G. De Leon, & N. Jainchill (Eds.), *Therapeutic community: Advances in research and application* (NIDA Research Monograph 144) (pp. 268-279). Rockville, MD: National Institute on Drug Abuse.
- Condelli, W. S. (1994). Domains of variables for understanding and improving retention in therapeutic communities. *International Journal of the Addictions*, 29(5), 593-607.
- Condelli, W. S. (1994). Predictors of retention in therapeutic communities. *NIDA Research Monograph*, 144, 117-127.
- Condelli, W. S., & Hubbard, R. L. (1994). Client outcomes from therapeutic communities. *NIDA Research Monograph*, 144, 80-98.
- De Leon, G. (2000). *The therapeutic community: Theory, model and method*. New York: Springer Publishing Company, Inc.
- De Leon, G. (1999). Therapeutic communities. In M. Galanter, & H. D. Kleber (Eds.), *The American Psychiatric Press textbook of substance abuse treatment* (2nd ed.) (pp. 447-458). Washington, DC: American Psychiatric Press.
- De Leon, G. (Ed.). (1997). *Community as method: Therapeutic communities for special populations and special settings*. Westport, CT: Praeger.
- De Leon, G. (1994). The therapeutic community: Toward a general theory and model. In F. M.

- Tims, G. De Leon, & N. Jainchill (Eds.), *Therapeutic community: Advances in research and application* (NIDA Research Monograph 144) (pp. 16-53). Rockville, MD: National Institute on Drug Abuse.
- De Leon, G. (1988). Legal pressure in therapeutic communities. *Journal of Drug Issues, 18*(4), 625-640.
- De Leon, G. (1984). *The therapeutic community: Study of effectiveness* (DHHS Publication No. ADM84-1286). Rockville, MD: U.S. Government Printing Office.
- De Leon, G., Melnick, G., & Kressel, D. (1997). Motivation and readiness for therapeutic community treatment among cocaine and other drug abusers. *American Journal of Drug and Alcohol Abuse, 23*(2), 169-189.
- De Leon, G., Melnick, G., Kressel, D., & Jainchill, N. (1994). Circumstances, motivation, readiness, and suitability (the CMRS scales): Predicting retention in therapeutic community treatment. *American Journal of Drug and Alcohol Abuse, 20*(4), 495-515.
- De Leon, G., Melnick, G., Schoket, D., & Jainchill, N. (1993). Is the therapeutic community culturally relevant? Findings on race/ethnic differences in retention in treatment. *Journal of Psychoactive Drugs, 25*(1), 77-86.
- De Leon, G., Melnick, G., Thomas, G., Kressel, D., & Wexler, H. K. (2000). Motivation for treatment in a prison-based therapeutic community. *American Journal of Drug and Alcohol Abuse, 26*(1), 33-46.
- Edmondson, W. R. (1972). Long term rehabilitation of the drug dependent person: The Odyssey House method. *Journal of the National Medical Association, 64*(6), 502-504.
- Godley, S. H., White, W. L., Diamond, G., Passetti, L., & Titus, J. C. (2001). Manual-guided therapies: Therapists' perceptions on their use for adolescent marijuana treatment and recommendations for practice. *Clinical Psychology: Science and Practice, 8*(4), 405-417.
- Hedges Duroy, T. L., Schmidt, S. L., & Perry, P. (Under Review). Adolescents' perspectives on a continuum of care in a 3 year drug treatment program.
- Hedges, T. L., Perry, P., Carlini, K., & Fusco, W. (2001). Adolescent drug and alcohol treatment: A therapeutic community for American and Russian-American teens and young adults. *Common Health, 9*(1), 33-36.
- Jainchill, N. (2000). Substance dependency treatment for adolescents: Practice and research. *Substance Use and Misuse, 35*(12-14), 2031-2060.
- Jainchill, N. (1997). Therapeutic communities for adolescents: The same and not the same. In G. De Leon (Ed.), *Community as method: Therapeutic communities for special populations and special settings*. Westport, CT: Praeger.
- Jainchill, N. (1994). Co-morbidity and therapeutic community treatment. *NIDA Research*

- Monograph, 144, 209-231.*
- Kooyman, M. (1993). *The therapeutic community for addicts: Intimacy, parent involvement, and treatment success.* Berwyn, PA: Swets & Zeitlinger.
- Lewis, B. F., & Ross, R. (1994). Retention in therapeutic communities: Challenges for the nineties. In F. M. Tims, G. De Leon, & N. Jainchill (Eds.), *Therapeutic community: Advances in research and application* (NIDA Research Monograph 144) (pp. 99-116). Rockville, MD: National Institute on Drug Abuse.
- Lipsey, M. W., & Pollard, J. A. (1989). Driving toward theory in program evaluation: More models to choose from. *Evaluation and Program Planning, 12*, 317-328.
- Lipton, D. S. (1998). Therapeutic communities: History, effectiveness and prospects: 50 years after its first appearance, the TC has evolved into a successful treatment model. *Corrections Today, 1998*(October), 106-109.
- Mann-Feder, V. R. (1996). Adolescents in therapeutic communities. *Adolescence, 31*(121), 17-28.
- Manning, N. (1989). *The therapeutic community movement: Charisma and routinization.* New York: Routledge.
- Melnick, G., & De Leon, G. (1999). Clarifying the nature of therapeutic community treatment: The Survey of Essential Elements Questionnaire (SEEQ). *Journal of Substance Abuse Treatment, 16*(4), 307-313.
- Melnick, G., De Leon, G., Hawke, J., Jainchill, N., & Kressel, D. (1997). Motivation and readiness for therapeutic community treatment among adolescents and adult substance abusers. *American Journal of Drug and Alcohol Abuse, 23*(4), 485-506.
- National Institute on Drug Abuse. (2002). *National Institute on Drug Abuse research report series: Therapeutic community.* (NIH Publication No. 02-4877). Rockville, MD: National Institutes of Health.
- O'Brien, W. B., & Biase, D. V. (1984). The therapeutic community: A current perspective. *Journal of Psychoactive Drugs, 16*(1), 9-21.
- Perry, P., Hedges, T. L., Carl, D., Fusco, W., Carlini, K., Schneider, J., & Salerno, N. (2002). Dynamite Youth Center, Incorporated: A multiphase, step-down therapeutic community for adolescents and young adults. In S. J. Stevens, & A. Morral (Eds.), *Adolescent substance abuse treatment in the United States: Exemplary models from a national evaluation study.* Binghamton, NY: Haworth Press.
- Pompi, K. F. (1994). Adolescents in therapeutic communities: Retention and posttreatment outcome. In F. M. Tims, G. De Leon, & N. Jainchill (Eds.), *Therapeutic community: Advances in research and application* (NIDA Research Monograph 144) (pp. 128-161). Rockville, MD: National Institute on Drug Abuse.

- Preston, C. A., & Viney, L. L. (1984). Self- and ideal-self-perception of drug addicts in therapeutic communities. *International Journal of the Addictions, 19*(7), 805-818.
- Romond, A. M., Forrest, C. K., & Kleber, H. D. (1975). Follow-up of participants in a drug dependence therapeutic community. *Archives of General Psychiatry, 32*(3), 369-374.
- Rosenthal, M. S. (1984). Therapeutic communities: A treatment alternative for many but not all. *Journal of Substance Abuse Treatment, 1*(1), 55-58.
- Sandberg, D. N. (1986). The child abuse–delinquency connection: Evolution of a therapeutic community. *Journal of Psychoactive Drugs, 18*(3), 215-220.
- Stevens, S. J., & Arbiter, N. (1995). A therapeutic community for substance-abusing pregnant women and women with children: Process and outcome. *Journal of Psychoactive Drugs, 27*(1), 49-56.
- Stewart, M. E. (1994). Adolescents in a therapeutic community: Treatment implications for teen survivors of traumatic experiences. *Journal of Psychoactive Drugs, 26*(4), 409-419.
- Szalay, L. (1994). Socialization into the therapeutic community culture. In F. M. Tims, G. De Leon, & N. Jainchill (Eds.), *Therapeutic community: Advances in research and application* (NIDA Research Monograph 144) (pp. 54-79). Rockville, MD: National Institute on Drug Abuse.
- Talboy, E. S. (1999). *Orientation to therapeutic community*. Kansas City, MO: Center for Substance Abuse Treatment.
- Tims, F. M., De Leon, G., & Jainchill, N. (1994). Therapeutic community research and practice: Recommendations. In F. M. Tims, G. De Leon, & N. Jainchill (Eds.), *Therapeutic community: Advances in research and application* (NIDA Research Monograph 144) (pp. 280-286). Rockville, MD: National Institute on Drug Abuse.
- Tims, F. M., Jainchill, N., & De Leon, G. (1994). Therapeutic communities and treatment research. In F. M. Tims, G. De Leon, & N. Jainchill (Eds.), *Therapeutic community: Advances in research and application* (NIDA Research Monograph 144) (pp. 1-15). Rockville, MD: National Institute on Drug Abuse.
- Toumbourou, J., & Hamilton, M. (1993). Perceived client and program moderators of successful therapeutic community treatment for drug addiction. *International Journal of the Addictions, 28*(11), 1127-1146.
- Winick, C. (1990). Retention and outcome at ACI, a unique therapeutic community. *International Journal of the Addictions, 25*(1), 1-26.
- Yablonsky, L. (1989). *The therapeutic community: A successful approach for treating substance abusers*. New York: Gardner Press, Inc.



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