

Captain James A. Lovell Federal Health Care Center



Stress Disorder Treatment Unit (SDTU)

ORIENTATION GUIDE AND RESIDENT HANDBOOK

August 2013

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North Chicago, Illinois 60064
Telephone 224-610-1264
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Hours of Operation: 24 hours per day, 7 days per week

***The Stress Disorder Treatment
Unit
Residents & Staff
would like to welcome you to
our program.***

The Rose Symbolizes Our Trust.

***There Is Love For Us So We May Blossom Into a Whole
Person.***



Table of Contents

HOW TO JOIN SDTU 4
SDTU POINT OF CONTACT 6
WHAT IS THE SDTU? 7
SDTU PROGRAM GOALS 8
SDTU PROGRAM PHILOSOPHY 9
ADMISSION CRITERIA.....10
CRITERIA FOR READMISSION.....10
SDTU INTERDISCIPLINARY TEAM11
OTHER SDTU TEAM MEMBERS12
SDTU CODE OF ETHICS13
SDTU RESIDENT RIGHTS AND RESPONSIBILITIES14
THE SDTU PROGRAM17
TRANSITION/DISCHARGE18
ATTENDANCE/PARTICIPATION19
ACHIEVEMENT OF OUTCOMES20
ADVANCE DIRECTIVES.....20
BEHAVIOR.....20
CONFIDENTIALITY22
CONTRABAND.....23
CUSTOMER SATISFACTION.....23
DIRTY CONTRACTS.....23
EMERGENCIES24
EXPLANATION OF MEDICAL FEES.....24
FAMILIARIZATION WITH THE PREMISES25
FIRE AND SAFETY.....25
GRIEVANCE AND APPEAL PROCEDURES26
GROUP EXPECTATIONS.....27
GYM28
HOURS OF OPERATION.....28
HOUSEKEEPING28
KITCHEN28
LAUNDRY ROOM.....29
LEGAL MATTERS.....29
LIVING SPACES29
LOCKERS.....29
MEALS30
NONCOMPLIANCE WITH RULES OF THE CENTER30
PARKING30
PASSES.....30
PRESCRIPTION OR NON-PRESCRIPTION DRUGS.....31
SAFETY AND QUALITY OF CARE CONCERNS.....32
STEALING/BORROWING/GAMBLING33
SUBSTANCE USE.....33
TELEPHONES36
THERAPEUTIC EVENTS37
TOBACCO USE POLICY37
USE OF EQUIPMENT.....37
NO USE OF SECLUSION OR RESTRAINT37
VIDEO SURVEILLANCE.....38
VISITORS38
ZERO TOLERANCE FOR SEXUAL HARASSMENTAND DISCRIMINATION38
ADVISORIES39
WHAT ARE YOUR GOALS.....40
EVIDENCE-BASED THERAPIES41
OTHER THERAPIES43

HOW TO JOIN THE SDTU

Although one can self-refer to the SDTU, it is highly recommended that you are referred by your current outpatient mental health provider. Referral by your current outpatient mental health provider will assist with treatment planning and identification of goals that will support your outpatient treatment plan.

Completion of the 5-page SDTU application package, submission of your DD214, and VA Form 1010-EZ are required. Once all of this information is received and reviewed by SDTU staff, a screening date will be identified. You have the choice of participating in a phone or in-person screening interview.

The screening interview will normally be a forty-five minute to one hour interview with an SDTU staff member. This staff member will review your history, current situation and your mental health recovery strengths, needs, abilities and preferences for treatment.

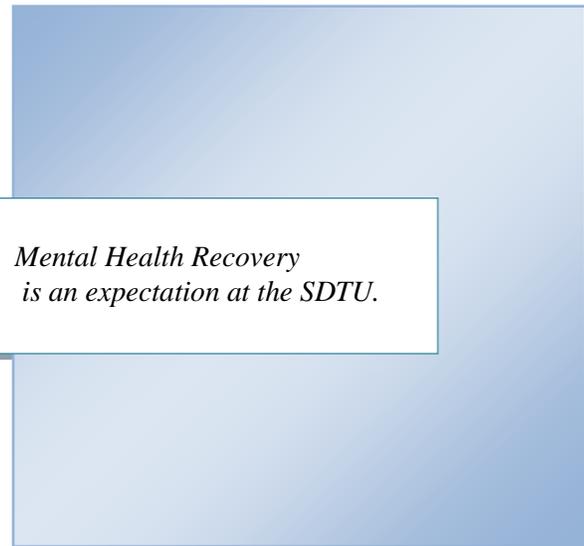
Following your screening interview, if determined by the admission committee to be appropriate for residential PTSD treatment, an admission date will be identified.

Applicants meeting SDTU admission criteria have a diagnosis of Post-Traumatic Stress Disorder resulting from service in a war zone or direct support of combat activities, and whose symptoms are not best treated on an outpatient basis.

Members with a severe personality disorder, active (untreated) substance abuse disorders, dementia, or active (untreated) psychosis that significantly impair learning or participation in treatment are generally not appropriate for SDTU services.

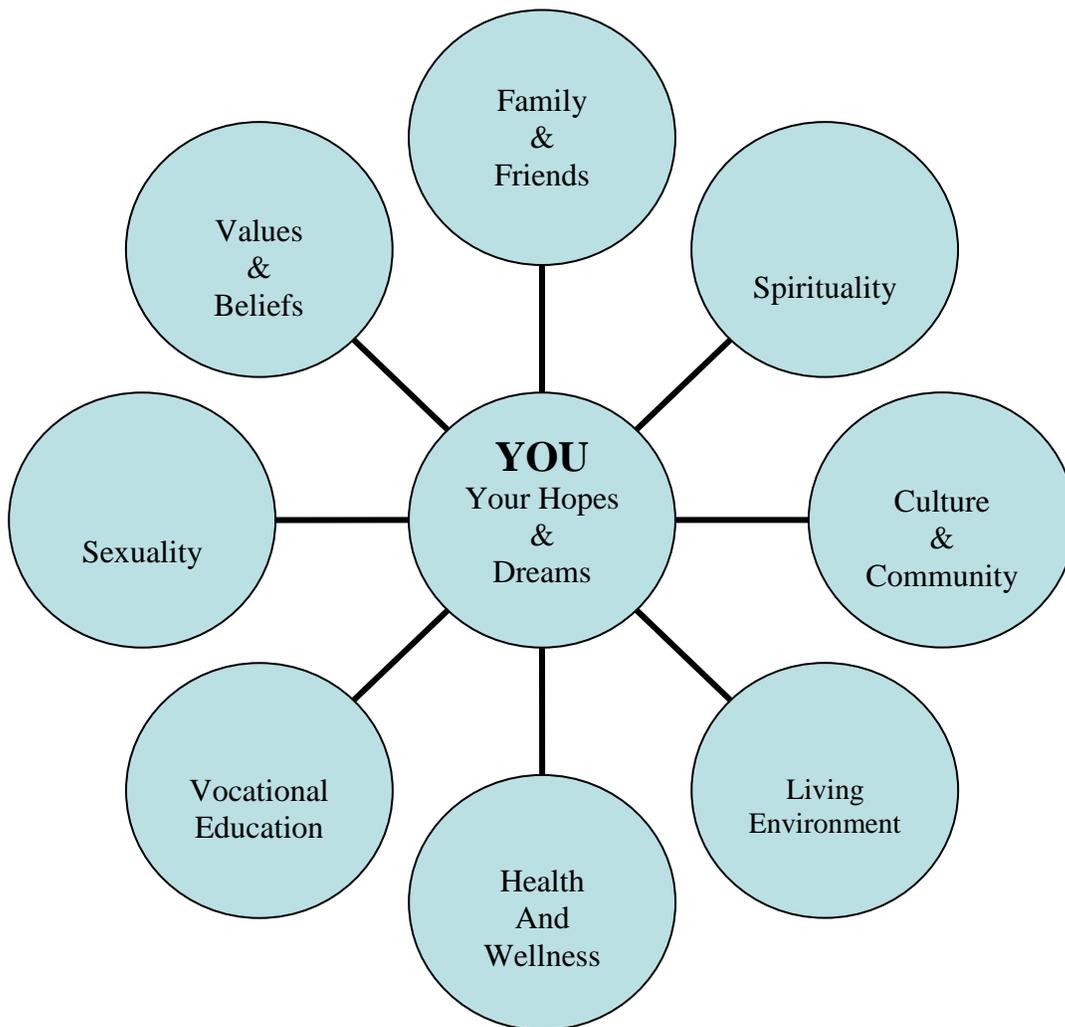
If active substance use is found to occur after admission to the program, SDTU staff will refer the Resident for appropriate treatment, which may include referral to the Residential Substance Use Program (SARRTP) at the FHCC. If the Resident is agreeable to participating in substance abuse treatment, participation in the SDTU programming may continue if achievable, indicated, and appropriate.

Applicants are encouraged to continue with all outpatient care until admission.



*Mental Health Recovery
is an expectation at the SDTU.*

YOU ARE THE CENTER OF YOUR RECOVERY



SDTU TREATMENT INFORMATION

SDTU POINT OF CONTACT

Each Resident has a Primary Therapist who will be responsible for SDTU service coordination and will be your main point of contact in the SDTU. Your SDTU Primary Therapist is assigned to you as part of your acceptance into the SDTU. Your SDTU Primary Therapist and the SDTU Rehabilitation Technician Staff help you complete the orientation process by assisting with the following:

1. Communicating assignment of your SDTU Primary Therapist
2. Ensuring completion of assessments including:
 - a. History and Physical – within 24 hours of admission.
 - b. Nursing Assessment – completed within 24 hours of admission.
 - c. Pain Screen – completed within 24 hours of admission.
 - d. Psychiatric Assessment – completed within 24 hours of admission.
 - e. Psychological Assessment – completed within 5 days of admission.
 - f. Social Assessment – completed within 5 days of admission.
 - g. Biopsychosocial Assessment – completed within 5 days of admission.
 - h. Leisure and Recreation Assessment – completed within 5 days of admission
 - i. Recovery Plan – completed within 5 days of admission

The purpose of these assessments is to make sure your treatment needs are identified and appropriately managed.



THIS IS YOUR RECOVERY JOURNEY.



WHAT IS THE SDTU?

The Stress Disorder Treatment Unit (SDTU) at the Captain James A. Lovell Federal Health Care Center (FHCC) in North Chicago, IL is a therapeutic community for veterans and active duty service members experiencing symptoms of combat-related post-traumatic stress disorder (PTSD). Although the SDTU is a part of the Mental Health Department, it functions differently from traditional psychiatric treatment units. Unless other medical, psychiatric, or substance abuse problems require prior attention, veterans and active duty service members with symptoms of PTSD are admitted directly to the SDTU. Housed together, the Residents function as a distinct community within the Federal Health Care Center. The interaction between the Residents is an important factor in the therapeutic experience, and prepares them for adaptive interpersonal and social functioning upon returning to the community. Residents have individualized Recovery Plans based on their identified goals. The Resident can start the Recovery Plan even before admission by filling out page 39 of this handbook

- ✚ The SDTU is a residential treatment program that offers evidence-based and state-of-the-art approaches designed to support recovery from PTSD and integration into meaningful self-determined roles.
- ✚ Residents of the SDTU include male and female combat-Veterans from all eras and current Active Duty Service Members from all branches of the Armed Forces. Although the primary focus is the Veteran or Service Member him/herself, family members are encouraged to participate as appropriate.

Recovery enables a person to participate fully in the experiences life has to offer. Members travel a recovery journey to develop their lives, find hope, validate strengths, learn life skills, and access the community in meaningful self-determined roles.

SDTU PROGRAM GOALS

Therapeutic activities are directed toward coping with guilt, anger, fear, gaining new perspectives on past experiences (especially war and war-related experiences), and learning new, or refreshing old, positive skills in making changes.

The SDTU has the following program characteristics:

- The SDTU takes a collaborative, recovery-oriented approach to treatment that requires close coordination of care between the Resident and his/her primary therapist.
- The SDTU is an "open" therapeutic community, for male and female veterans and active duty service members. (For simplicity the pronoun gender will be male throughout this handbook.) The unit is not a locked ward.
- A multidisciplinary professional team provides a safe, structured, and goal-directed program.
- The program is based on learning new skills; self-control, self-direction, and self-management; on the development of responsibility; and on the development of a fund of self-knowledge to replace self-defeating habits, attitudes, behaviors, and on transcending traumatic life experiences.
- The program promotes and expects individual responsibility and initiative, as well as cooperation with fellow Residents and staff towards the common goals of return to emotional and physical wellness and effective daily functioning.

The SDTU community is a "safe place" for you to express painful memories. Here people can listen to you and understand you, and you can express feelings that have not been expressed for a long time, such as hurt, fear, resentment, guilt, grief, etc. This is a place where you can deal with those emotions which you did not have time to express and resolve in the combat setting.

The SDTU community is a place where you can live with others instead of withdrawing and "bunkering" away from others. The community is a place of caring for each other, helping each other, and helping staff to learn more about PTSD so they can help future Residents.

Although psychological problems related to PTSD can be chronic or long-term in nature, a Resident's stay on the SDTU is time-limited; typically 6 week stays. The SDTU offers an intensive "boost" to treatment but cannot and should not be seen as the beginning and/or end of treatment. That is, good continuing care on an outpatient basis is imperative. Residents are not limited in the number of times that they may be treated on the SDTU. However, requests for re-admission will be processed based on two main factors: 1) degree and nature of continued psychological distress and 2) the effort exerted by you to implement the skills and tools learned in your previous stay on the SDTU.

PROGRAM PHILOSOPHY

- All Residents served in the SDTU will define and pursue a self-determined personal mission and vision for their lives and have access to support, education, and effective treatment that fosters improvements in all domains of their lives.
- Residents will develop the skills necessary to set and achieve self-determined goals that result in meaningful life roles.
- Residents will have consistent access to recovery-oriented interventions and supports.
- SDTU staff will embrace, incorporate and practice using the core principles of recovery in all interactions, interventions and program development.



ADMISSION CRITERIA

Applicant:

- a. is a combat veteran or has served in a combat support activity which involved some or many of the same stressors experiences in combat.
- b. presents clinical information that documents and supports the diagnosis of PTSD and/or the diagnosis of PTSD is made at the time of screening.
- c. is not diagnosed as having other major psychiatric disorders which account for his symptoms or makes treatment in this type of program unadvisable.
- d. is psychologically capable of benefiting from the program.
- e. is well-motivated for treatment and self-change.
- f. has received ongoing outpatient treatment for PTSD at a VA medical center, Vet center, Military Treatment Facility, or from a private therapist, if possible.
- g. is willing to agree to unit regulations contained herein including policies governing alcohol and drug use.
- h. is willing to undergo psychological assessment (through interviews, tests, etc.) thereby contributing to information necessary to treat PTSD.

CRITERIA FOR RE-ADMISSION

Applicant:

- a. meets criteria listed in above
- b. demonstrates that the therapy he received during his last admission was beneficial by:
 - 1. Some evidence of effort at continued behavior change.
 - 2. Continued outpatient involvement at a VA hospital, Vet Center, Military Treatment Facility, or other qualified practitioner's office. This care includes not only treatment for PTSD, but substance abuse treatment when appropriate.
 - 3. Optimally, has not used chemical substances to cope with stress or as a recreational activity for an extended period of time and has a negative

urinalysis. (Vets who have returned to substance abuse may be required to complete a substance abuse rehabilitation program prior to re-screening.)

SDTU INTERDISCIPLINARY TEAM

Interdisciplinary care is an essential aspect of recovery from PTSD. The road to recovery starts with the Resident involved and developing their recovery journey in partnership with their interdisciplinary team of service providers. The role of an interdisciplinary team is to discuss their findings from assessments, treatment and activities with the member and to seek consensus to develop goals and plans as a team.

SDTU Staff:

Section Chief / Program Director

- Responsible for all clinical and administrative aspects of the SDTU Program
- Helps in working out conflicts
- Discusses problems with the program or with staff

Clinical Coordinator

- Responsible for the day to day programming on the SDTU
- Primary supervisor for the Rehabilitation Technician staff

Primary Therapist (Psychologist and Licensed Clinical Social Worker)

- Serve as the Primary Mental Health Provider to those Residents assigned to them.
- Provide expert psychological evaluation, diagnosis, and assessment
- Provide both individual and group therapy
- Provide family/couples counseling as appropriate

Psychiatrist

- Conducts a comprehensive psychiatric assessment on admission
- Responsible for the management of psychiatric medications

Primary Care Provider

- Conducts the initial History and Physical
- Directs and manages the general medical care of all Residents
- Consults to medical and surgical specialists when appropriate

Registered Nurse

- Assessment of patient health care needs (physical, emotional, psychological, and spiritual)

- Analysis of the findings of a health assessment
- Interpret patient health records
- Determine the appropriate service or treatment, the appropriate care provider or the appropriate equipment

Social Worker

- Assessment and social work diagnosis of psychosocial problems
- Psycho-education related to the prevention of mental health problems
- Advance directives
- Community integration assistance

Secretary

- Schedule appointments
- General support/help

Rehabilitation Technician

- Responsible for 24/7 monitoring of the SDTU.
- Lead and assist with group psychoeducation and therapy.
- Provide the primary orientation to the SDTU for new Residents

OTHER SDTU TEAM MEMBERS:

A Family Member or Guardian:

- With the Member's permission, involving family members and/or guardians in service planning and delivery

Pharmacy

- Help with when to take your medications and questions answers about effects of medications.
- Provide information about learning how to cope with side effects of medications
- Tailoring medications and how to get the most out of taking medications

Recreation

- Help with obtaining and completing recreational crafts and activities
- Coordinates unit outings

Vocational Rehabilitation Specialist

- Help with job seeking and employment needs when indicated

Chaplains

- Provide spiritual guidance and education
- Other VA and Community Partners as needed.



THE STRESS DISORDER TREATMENT UNIT (SDTU) CODE OF ETHICS:

- ✚ All individuals have the capacity to learn and grow. Recovery is the ultimate goal of SDTU programming. Interventions facilitate the process of recovery.
- ✚ Treatment helps Resident re-establish normal roles in the community.
- ✚ Services are individualized, person-centered, strength-based and promote hope, responsibility and respect.
- ✚ Services facilitate an enhanced quality of life for each person.
- ✚ All people are to be treated with dignity and respect.
- ✚ Residents receiving services have the right to direct their own affairs, including those that are related to any psychiatric illness. Residents must be educated on how they can plan ahead for periods of acute illness.
- ✚ Services are designed to address the unique needs of each Resident consistent with the Resident's cultural values and norms.
- ✚ Staff makes a conscious effort to eliminate labeling, stigma and discrimination particularly based upon a disabling condition.
- ✚ Culture, ethnicity and individual differences must not be limiting factors in the provision of services, and they can play an important role in the recovery process as sources of strength and enrichment for the individual Resident as well as for the program.



- ✚ Staff actively encourage and support program participants in “normal” community activities throughout their involvement in the rehabilitation process.
- ✚ Services are to be coordinated, accessible and readily available as long as needed.
- ✚ Residents with serious mental illness can participate in meaningful self-determined community roles such as school, work, recreational or volunteer activities.
- ✚ The involvement of family members and significant others is often an essential ingredient of the process of rehabilitation and recovery and must be supported in every situation where it is appropriate.
- ✚ Staff constantly strives to improve the services they provide.

SDTU RESIDENT RIGHTS AND RESPONSIBILITIES

SDTU staff will respect and support your rights as a patient. Your basic rights and responsibilities are outlined in this orientation document. Please talk with your SDTU treatment team members or a patient advocate if you have any questions or would like more information about your rights.

VA National Patient Rights and Responsibilities Posters are displayed on the unit. Additional patient rights and responsibilities are outlined in the “FHCC Patient Handbook”.

PATIENT RIGHTS:

1. Every individual has a right to be treated with dignity, with compassion, respect, with reasonable protection from harm, and with appropriate privacy. You will receive care in a safe environment. We will seek to honor your personal and religious values.
2. Each Resident has the right to obtain from his/her provider, complete and current information concerning his/her diagnosis, treatment and prognosis in terms the Resident can reasonably be expected to understand. When it is not medically advisable to give such information directly to the Resident, such information should be made available to a designated person on his/her behalf.
3. Every Resident has the right to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of his/her action.
4. Each Resident has the right to every consideration of his/her privacy concerning their own treatment program. Case discussion, consultation, examination and treatment

are confidential and should be conducted accordingly. Those not directly involved in your treatment must have the permission of the Resident to obtain such information. Refer to the section on Advisories for additional information regarding privacy.

5. Every Resident has the right to expect that all communications and medical records shall be treated as confidential.
6. Each Resident has the right to expect that, within its capacity, the SDTU will clinically accommodate/evaluate your request for services. The SDTU will provide evaluation, treatment, and or referral for its Resident.
7. Every Resident has the right to refuse to participate in research projects. He/she also has the right to be informed of any human experimentation or other research/education projects affecting their care or treatment. Refusal to participate will not result in any restriction upon your eligibility for medical or mental health treatment.
8. Each Resident has the right to expect reasonable continuity of care. He/she has the right to know, in advance, what appointment times and clinicians are available and where. The Resident has the right to expect that the SDTU will provide relevant clinical information to his/her mental health and/or primary care providers as necessary and requested.
9. Every Resident has the right to know the rules and regulations that apply to his/her conduct as a member of the unit.
10. Each Resident has the right to direct the development of their recovery plan of care.
11. Every Resident has the right to annually complete an advanced directive concerning treatment or designation of a surrogate decision maker with the expectation that the medical center will honor the intent of that directive to the extent permitted by law or stated in medical center policy.
12. Each Resident as the right to be informed of available resources for resolving disputes, grievances and conflicts. Complaints are first resolved at the program level. If you are unsatisfied with this resolution, you will be referred to the appropriate Consumers Affairs Representative. More complete information regarding the complaint process is posted on the unit.

PATIENT RESPONSIBILITIES:

1. You are responsible for your personal hygiene and appearance while you are attending the SDTU. You should wear clean, casual clothing that is appropriate for

the weather and the various daily activities on the unit. Residents are expected to be able to appropriately care for their basic needs (necessary assistive devices are allowed and encouraged).

2. Residents are responsible to keep the area clean, to change their bedding, to shower on an appropriate schedule, to clean up messes they create, and to flush toilets after use. Residents are not allowed to move furniture from one place to another without the permission of SDTU staff
3. Sunglasses are not worn in groups unless there is a clear and identified medical need.
4. Only safety-type and electric razors are permitted
5. There will be no tobacco use during groups.
6. You will be on time and ready to participate in all identified groups.
7. Cell phones will remain off during groups.
8. Inform staff when you are not feeling well. Staff will determine the need to refer to the Nursing Clinic or the Emergency Department for further evaluation. A Resident does not have the authority to determine the appropriateness of bed rest. Remember, this is a recovery program in which you take responsibility for your actions.
9. You should be ready each weekday by 8:00 a.m. for daily programming. SDTU Residents are responsible for following the recovery plan they developed with the SDTU health care providers.
10. SDTU members are responsible for providing accurate and complete information about present symptoms, past illnesses, hospitalizations, medications, and other matters related to his/her health.
11. SDTU members have the responsibility to report unexpected changes in conditions to the Rehabilitation Technician staff or their Primary Therapist.
12. SDTU members have a responsibility to request information or clarification about their health status or treatment when they do not fully understand what has been explained and to report whether they clearly understand a contemplated course of action and what is expected of them.
13. SDTU members are responsible for keeping appointments, and when unable to do so, for notifying the Ward Secretary in advance as soon as possible.

14. SDTU members are responsible to participate in their self government and share in the tasks for operating the Unit (i.e., committee membership, kitchen chores, cleaning).
15. Residents are responsible for cooperating with Lovell FHCC policies and procedures regarding patient care and conduct.
16. When required, Residents are responsible for ensuring that the financial obligations of their medical care are fulfilled as promptly as possible.
17. Residents have the responsibility to treat all providers, staff and other patients with courtesy and respect.



THE SDTU PROGRAM

The Stress Disorder Treatment Unit (SDTU) at the Captain James A. Lovell Federal Health Care Center in North Chicago, IL is a therapeutic community for veterans and active duty service members experiencing symptoms of combat-related post-traumatic stress disorder (PTSD). Although the SDTU is a part of Mental Health Service, it functions differently from traditional psychiatric treatment units. Unless other medical, psychiatric, or substance abuse problems require prior attention, veterans and active duty service members with symptoms of PTSD are admitted directly to the SDTU. Housed together, the residents function as a distinct community within the Federal Health Care Center. The interaction between the Residents is an important factor in the therapeutic experience, and prepares them for adaptive interpersonal and social functioning upon returning to the community.

During your first week in the program, you will meet with your Primary Therapist to identify your goals for treatment, complete your recovery plan, and determine your anticipated length of stay. Residents are responsible to co-lead with their Primary Therapist in the completion of this plan and review it approximately halfway through their admission and at other times as appropriate. .

Your treatment will include involvement in the following:

- Psycho-education: providing information to Resident, families, and community support persons about PTSD, including the effects of stress, symptoms, diagnosis, and treatments.
- Illness management (including substance abuse) and recovery
- Wellness programming
- Individual psychotherapy (e.g. Evidence-Based psychotherapy specifically for PTSD),
- Group counseling,
- Medical and medication monitoring,
- Coordination of care between multiple service providers

DEFINITION OF RECOVERY: Mental health recovery is a personal journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential (SAMHSA 2006) .

TRANSITION/DISCHARGE POLICY

It is the policy of the SDTU to facilitate timely and orderly transition from the program. Residents who no longer require or benefit from the services of the program will be referred to other VA or DoD clinics or community agencies as needed.

Discharge/Transition of care is mutually determined by the Resident and SDTU team. Transition may also occur when a Resident advances to another stage of recovery, is placed on inactive status while engaged in another mental health/substance abuse program, has a medical or psychiatric hospital admission, or engages in violations of Unit rules and regulations. Individuals who successfully complete the program (achieve recovery goals) may continue program involvement as an alumni. Circumstances under which participants may be discharged include:

1. Achievement of goals: The Resident has gained mastery over psychiatric challenges and has acquired/mastered skills that enable him/her to function in meaningful community roles without significant impairment caused by symptoms of PTSD.
2. The Resident's mental health needs are being met in another program.
3. The Resident believes that SDTU does not help or hurts their mental health recovery.

4. The Resident requests discharge.
5. The Resident engages in violations of SDTU rules and regulations.

The SDTU has a process for addressing SDTU Residents' needs for continuing care, treatment and services after transition or discharge from the Unit. The SDTU staff completes a Discharge Plan that identifies information about the Resident's progress in recovery, completion of goals and effectiveness of services. The Discharge Plan is completed when a Resident discharges from the SDTU for participation in another program, planned discharge, leaving against medical advice, or infringement of program rules or for any other reason. The content of the Discharge plan may include the following information as is relevant:

1. Reason for admission
2. Type of discharge
3. Indication for transfer/discharge
4. Level of patient's/surrogate's participation in discharge planning
5. Any pending legal, housing, or financial issues
6. Continuing providers of care
7. Other forms of support the patient has in the community
8. Referral/contact information provided to the patient
9. Patient/Surrogate educated on how to obtain further care, treatment, and services to meet identified needs
10. Mode of transportation
11. Patient's/Surrogate's alternate contact information
12. Patient's/Surrogate's address & telephone number
13. Patient/Surrogate's acknowledge understanding and agrees with the discharge plan
14. Final discharge plan
15. Active Military Status (if applicable)

SDTU GENERAL INFORMATION

ATTENDANCE AND PARTICIPATION

Full participation in the program is expected. You have made a commitment to the Unit; therefore, it is your responsibility to abide by this commitment by keeping up your attendance. In order to have an effective recovery program, we insist that you are present to each group and appointment on time and do not leave before the end of the activity. Every effort should be made to schedule outside appointments so they do not conflict with your program schedule and the Ward Secretary will assist you with such scheduling.

ACHIEVEMENT OF OUTCOMES

The performance of important SDTU functions significantly affects patient outcomes. These outcomes are measures of access, efficiency, quality and customer satisfaction. The SDTU staff develops and uses an information and outcomes management system to assess changes in the lives of the persons served. The goal of outcome measures is to continuously improve the quality of the SDTU program and practices as a result of services provided. The information and outcomes management system is meant to provide a system of accountability that measures the success of the SDTU program. Information about the scope of services and outcomes achieved, including satisfaction of the persons served, is shared with relevant stakeholders. The SDTU strives to refine and improve its services, operations, evaluations, methods, organizational structure, and policies on the basis of outcome measurement.

ADVANCE DIRECTIVES

An Advance Directive is a written statement by a person who has decision-making capacity regarding preferences about future health care decisions in the event that an individual becomes unable to make those decisions. All SDTU Residents will be advised of their right to provide instructions about their future health care should they become unable to make those decisions themselves. SDTU staff will provide information to each person regarding his/her right to accept or refuse medical treatment and to express his or her wishes concerning future medical care in an Advance Directive (AD). A mental health or psychiatric advance directive is for patients whose future decision-making capacity is at risk due to mental illness. In this type of directive, the individual indicates preferences about future mental health care (e.g., hospitalization, medications, restraints, and/or electroconvulsive therapy). The “Advance Directive” medical chart note title is used to document the entry of an advance directive document into the patient’s record (either scanned or completed electronically).

BEHAVIOR

You are expected to refrain from inappropriate behavior such as yelling, fighting; talking in a vulgar manner; or using slang expressions in reference to a person’s race, religion, or gender (unless determined to be clinically appropriate). Staff will do their utmost to ensure a safe environment for all who attend the program.

Violent Behavior that threatens self or others will not be permitted.

No weapons are permitted on the unit or on FHCC property by federal law.

Destruction of government property is illegal under U.S. law. Payment for damaged property may be the responsibility of the perpetrator.

There shall be no threats of violence, verbal or otherwise, within the community or on the hospital grounds. To threaten causes the threatened person to mobilize for combat and can result in disaster for the threatener, the person threatened, and the whole community. Offenders shall be subject to disciplinary committee evaluation and discharged from the program or transferred to another psychiatric unit if necessary. Along with consequences within the hospital, violent behavior may result in legal consequences.

Residents who are aware they are "losing control" may request other Residents to remain with them in an attempt to "talk things out", following a particularly disturbing nightmare or a disturbing telephone call or visit, or after finally facing an issue that had been unresolved. If needed, the following events may occur:

- Residents who are "out of control" will be approached by staff in an effort to assess the nature of the situation. Staff will encourage and allow the resident to "pull himself together". However, if dangerous behavior seems likely, staff will take whatever actions are necessary to prevent harm to other Residents, staff, and the Resident himself. Every effort is made to handle problems "in house" and in a therapeutic nature.
- If management of an emotional crisis cannot be handled by Residents and staff on the unit, the hospital crisis team and the hospital Police may be requested to assist. Dangerous behavior will be prevented if possible, and controlled as needed once it occurs. Remember, the best form of control is self-control.

Violent or threatening behavior outside the Unit will be subject to the consequence of the governing body (i.e., state, federal, court). Additionally, problems with violence or threats outside of the SDTU, like all problem behavior, must be viewed from a therapeutic point of view. Such behavior may indicate either more intensive structure is needed while the Resident is going through the SDTU program or that the SDTU is not the appropriate treatment facility for the Resident at that time. This will be determined by staff and the individual Resident. Legal problems that would interfere with treatment will result in transfer to outpatient (less intensive) treatment while the legal problems are being resolved.

Dehumanizing remarks (including personal insults, and racial and sexual slurs) are often an invitation to violence. If you are angry at someone else, address the behavior and your feelings. Tell the person what you feel; do not insult the other person. Listen to the other person; you may learn something. If you have difficulty doing this on a one-to-one basis, seek aid of staff or other Residents.

CONFIDENTIALITY

The SDTU has the responsibility for safeguarding any information contained in medical records and/or obtained during the care of SDTU Residents. SDTU will protect your private information by conducting clinical care discussions in a private setting. SDTU members will be instructed on confidentiality boundaries in psychoeducation and therapy groups. Your medical record will be kept confidential. Information about you will not be released without your consent unless authorized by law or described elsewhere in this Handbook. You have a right to information in your medical record and may request a copy of your medical records. This will be provided except in the rare instance that staff believes the information may be harmful to you. In that case, you have the right to have this discussed with you by your FHCC provider.

We share personal feelings, experiences, joys, triumphs and problems during difficult times and **confidentiality is a must**. Residents may not discuss anything outside the group about what is discussed here or who is here. To do so would discourage the willingness to share that is necessary for a support group. Residents can, however, contact and support each other outside the Unit if they choose.

Please note the following exceptions to confidentiality:

- If a Resident is in imminent danger of committing suicide or homicide, his Primary Therapist and, hopefully, other Residents will share this information with staff in order to ensure safety and prevent a dangerous event. Staff has legal responsibility to break confidentiality in order to prevent physical injury in cases of suspected child abuse or abuse of the elderly.
- Your treatment is conducted by a team of several professionals and other FHCC staff who must coordinate their therapies for and with you. Therefore, it is important for them to share information you in staff meetings and in treatment planning meetings.
- Oftentimes, Residents bring requests that forms or reports be filled out for outside agencies such as the Social Security Administration or the courts. These requests need to be submitted through Patient Administration Service where they will be processed and only released with proper consent by the Resident.

CONTRABAND

Contraband are items that are illegal, have the potential to cause injury or death, can be used in a threatening or intimidating manner and/or interfere with the treatment process as determined by the treatment team. Contraband items are not allowed in the SDTU.

Examples of contraband include, but are not limited to:

- 1) Guns
- 2) Sharps (i.e. hard plastics such as sun catchers, knives, box cutters, glass, and aluminum cans and switchblades)
- 3) Mace/pepper sprays
- 4) Tools for crafts or repairs
- 5) Chemicals used for cleaning
- 6) Medications
- 7) Over the counter herbals, vitamins or medications
- 8) Non-beverage alcohol (i.e. mouthwash, rubbing alcohol, etc. containing alcohol)
- 9) Highly caffeinated drinks (i.e. Energy Drinks)
- 10) Weapons or items that may be used as weapons (i.e. antennae, box cutters, drywall knives, objects fashioned with sharp edges, etc.).

The SDTU Contraband Policy contains a definition of what is contraband at the SDTU and describes how contraband searches will be conducted in Resident lockers.



CUSTOMER SATISFACTION

The Unit has developed a Customer Satisfaction Survey. Residents may be requested to complete a questionnaire (generally on a quarterly basis). Feel free to complete the survey anonymously and make suggestions as to how we may improve the quality of the program.

DIRTY CONTRACTS

A "dirty contract" occurs when a Resident does something against the rules of the Unit and by verbal or nonverbal message, requests or demands that others (staff or other Residents) not let this be known.

- Example: "Hey there's something I need to tell somebody but you've got to promise not to tell. I'm "holding some drugs" or "thinking of killing myself" or "going to split from here". We do not make or allow "dirty" contracts to be made. To ask for or agree to a "dirty" contract is anti-therapeutic. It will put both parties in a bind. Don't do it. Don't let it happen. This is a place to solve problems by talking, not a place for

creating problems through silence, or by dragging fellow residents into one's own problems.

EMERGENCIES

The FHCC has assigned authority to protect your safety in event of emergency conditions. FHCC Protective Services include Emergency Management, Safety, Security and Police. The FHCC is prepared to have a rapid response to medical and psychological crisis. SDTU staff are trained to manage a wide range of crisis ranging from weather-related to medical emergencies. SDTU staff receives training in FHCC Prevention and Management of Behavior Disturbance (PMBD) on an annual basis. PMBD training allows staff to manage psychological emergencies in a non-violent manner. The SDTU has regular emergency/safety drills to ensure the membership is aware of what to do in the event of an emergency.

Fire drills will periodically be held in the SDTU. All persons will be expected to leave the building in under 2 minutes. The primary designated meeting place is the sidewalk across the street from the main entrance to Building 7. In the event of inclement weather or other unsafe conditions, the secondary meeting place is in the Tramway that leads to Building 7. SDTU staff will announce the meeting point at the onset of the emergency procedures. This places all Residents out of the way of emergency staff allowing them to handle the emergency as needed. This assures that all persons can be accounted for as having safely left the building.

If you discover a fire in the building pull the nearest fire alarm pull-box, then exit the building.

SDTU staff will assure that Residents and others have left the building by checking each room and closing the door when the room has been determined to be clear.

If you discover other potential emergencies in the area, immediately notify a member of staff in order for appropriate procedures to be followed.

[Dial 911 from any telephone to reach Fire/Medical/Police help.](#)



EXPLANATION OF MEDICAL FEES

A means test is completed annually to determine if fees are charged for your participation in the SDTU. Residents who are service connected may be exempted from the means test and may not be charged a medical fee. Statements are issued monthly. The staff at the FHCC will answer any questions you have about your account. You can contact

Bill/Insurance for questions from 7 a.m. to 4 p.m., Monday through Friday at (866)260-2614.

FAMILIARIZATION WITH SDTU PREMISES

New Resident will receive a tour of the Unit during orientation. Either an SDTU staff member or a senior Resident of the Unit will provide the tour. The tour will explain location of emergency exits, shelter, fire/tornado procedures, fire suppression equipment and where to get first aid. The tour will include the SDTU offices and program areas, location and services of Mental Health Clinic, location of the gym, location of the Emergency Department, and location of the Pharmacy. All safety issues are also reviewed during the Monday Safety Group.

SDTU staff will be happy to explain the location of other medical center services that you need.

FIRE AND SAFETY

All Resident are encouraged to be safety conscious at all times. Accidents happen all too easily! If you detect a potentially dangerous condition, such as a wet floor or stairway, frayed wiring, etc. please call this to the immediate attention of a staff member. Residents are also encouraged to report any identified safety issues during the morning Community meetings.

Be aware of and heed the yellow hazard signs indicating the presence of wet floors and surfaces.

Should you detect the presence of a fire, immediately notify a staff member and calmly evacuate the area with all other members. You may pull the fire alarm if no staff member is immediately present.

When using the coffeepot all possible caution should be exercised so as not to burn you, others, or cause a fire or safety hazard. If you have a question about the safe operation of the coffeepot, please discuss these concerns with a staff member.

There is a stove/oven and microwave on the unit located in the kitchen. Any time one uses a stove it may prove dangerous, so exercise all caution in the proper use of this equipment. If you don't know how to use it, ask a staff member.

Safety drills are conducted on a routine basis. Your cooperation is expected. The staff on duty will provide specific directions regarding evacuation and/or other action.

GROUP EXPECTATIONS

We share personal feelings, experiences, joys, triumphs and problems during difficult times and confidentiality is a must. Residents may not discuss anything outside the group about what is discussed here or who is here. To do so would discourage the willingness to share that is necessary for a support group. Residents can, however, contact and support each other outside the group if they choose.

1. Cell phones and pagers must be turned to OFF or to vibrate during groups. It is distracting to others to answer calls during groups. Using a cell phone camera is not permitted in the FHCC.
2. Please be on time to groups and activities. Coming into a group or activity late keeps other SDTU Residents from focusing on their goals.
3. In all situations, please treat other SDTU Residents and guests with respect. In groups, please participate but allow other Residents to take a turn also. Only one person may speak at a time and there will be no talking over one another. Please stay on the group topic.
4. Disagreement during discussions and activities is also to be expected and criticism is acceptable if it is intended to be constructive and respectful. Please ask Residents if they are open to feedback before giving constructive criticism or feedback to them.
5. Please do not curse or name call (exception: cursing may be a part of trauma group is appropriate and during Thinking Straight group). Criticism or making fun of each other disrespects your peers and is not allowed. First names are OK.
6. Use the break time in between groups to get coffee or drinks, smoke, or take care of your personal needs.
7. Homework may be a part of the skill building process and is expected to be completed if assigned. If you are absent, please meet with the group leader to make up your homework.
8. Residents are encouraged to be honest and sincere in their efforts to reach their goals.
9. Goals of the groups:
 - a. Share successes and set-backs
 - b. Bring new ideas
 - c. Share problems and find solutions

- d. Get feedback
- e. Gain coping and life skills.

10. Often skills learned at the SDTU need to be taken into the community to be practiced. In addition to Therapeutic Passes, the SDTU will frequently arrange group outings. Participation in group outings is expected.

GYM

The SDTU has a small gym, with minimal equipment, located on the Unit in room 218. Orientation to the gym and medical clearance is required before you will be allowed access to room 218. There is a larger gym on campus that is available for use by the Residents. Again, medical clearance, and orientation to the gym (following formal consult from the nursing clinic) is required before a Resident will be allowed access to the gym.

SDTU PROGRAM HOURS OF OPERATION

The SDTU Program operates 24 Hours per day, 7 days per week

HOUSEKEEPING

Facility Management Services provides general cleaning of the center. It is your personal responsibility to clean up after your own untidiness. This includes, but is not limited to, the main room, kitchen, your assigned room, and all group rooms.

All Residents are asked to help keep the Center as clean and orderly as possible. Please do not place beverages or food on the pool table, stereo cabinet, etc. If you should happen to spill something, please be considerate of others by cleaning it up immediately to assure that no one will be injured. Please dispose of your cups and cans when you have finished your drinks.

KITCHEN

The kitchen is used for Residents preparation of their own food, should they choose to do so. Meals are provided to all Residents in Building 6 during assigned meal hours. All food placed in the refrigerator must be dated and marked with your name. Members eating meals or snacks in the SDTU are required to ensure the SDTU is clean after the meal/snack.

LAUNDRY ROOM

The laundry rooms are located in rooms 212 and 236. The washer, dryer, and laundry supplies are intended for your use. We do request that only one member's clothes be washed at a time. At no time shall dirty laundry be placed in the kitchen.

LEGAL MATTERS

All Non-Department of Veterans Affairs (VA) or FHCC personnel attempting to execute subpoenas, search warrants, investigations and other legal actions within the SDTU will be referred to FHCC Police for clearance and processing in accordance with established procedures. FHCC Police personnel will coordinate with the appropriate hospital staff/service i.e., Human Resources Management Services (HRMS), FHCC Attorney, Mental Health Department Head, etc. to ensure the process is properly handled and to ensure the rights of all parties are served.

LIVING SPACES

Sleep patterns of Residents suffering from PTSD vary greatly. Many will be unable to sleep except for a few hours per night and others may require quiet in order to sleep. Therefore, while there is no mandatory time to go to bed, quiet and lights out in sleeping areas will be maintained from 10:30 p.m. to 6:00 a.m. Residents who desire to remain awake and read or talk during these hours may do so in Room 215 (east day room). After 1:00 a.m. on Sunday - Thursday nights, group recreational activities are not allowed in Room 233 (west day room) to promote return to a "normal" sleep/wakefulness schedule. All Residents must be up in time to be present for the morning community meeting at 8:00 a.m. and all daily scheduled activities.

As a courtesy to other Residents and to maintain Unit security, visitors are not permitted in bedrooms and in any rooms other than Room 233, the visitor's room (Room 245), and staff offices.

LOCKERS

A locker and room will be assigned to you upon admission to the program. The Unit will provide locks. Residents are required to lock their lockers when they are absent from their area or while on pass. When all Residents sharing a room are away on pass, staff will lock the room upon request. Lockers are subject to inspection by staff members at any time; therefore, keep it clean, orderly, and free of unauthorized items such as alcoholic beverages, narcotics, weapons, etc.. Upon discharge from the program, each Resident shall empty his/her locker and turn in both the lock and the key. All

medications shall be kept in the blue bin provided by staff upon admission and stored in the Resident's locker.

MEALS

While a Resident is admitted to the SDTU, all meals will be provided by the Medical Center and will be served in Building 6. Any restrictions to your diet will be ordered by the primary care provider and the kitchen will accommodate your needs. You do have the option of supplying your own food and preparing your food in the SDTU kitchen, but this will be at your expense.

NONCOMPLIANCE WITH THE RULES OF THE CENTER

The rules and regulations of the center have been developed by both the members and the staff over the past several years so that the program may operate as effectively, efficiently, and safely as possible. Any member who habitually fails to comply with these rules will meet with clinical staff to determine appropriate consequences

PARKING

Private vehicles may be parked in any non-reserved lot or parking space. Vehicles should be locked. Valuables should not be in sight. The FHCC accepts no responsibility for damage to your vehicle or loss of its contents unless it occurs through FHCC error or negligence.

PASSES

Passes are a therapeutic component of the SDTU program which allows you to maintain family, friends, or social relationships while providing an opportunity to try out new ways of acting, thinking and feeling. Passes are, therefore, not a "time out" from the program. The use of alcohol or drugs is prohibited while you are on pass.

Residents of the SDTU are eligible for therapeutic passes after 7 days of treatment; usually the 2nd weekend after admission. Passes occur on weekends in order not to interfere with therapeutic activities. Requests for passes during the week will be evaluated by your primary therapist, the Program Director or Clinical Coordinator, and the treatment team. Exceptions to the restrictions will occur at Thanksgiving and Christmas time.

In order to receive a pass, a Resident should complete a pass request form requesting such including the times, dates, and purposes of the pass. His Primary Therapist will recommend approval or disapproval based on current emotional stability and

participation in assigned therapies. Based on this recommendation, the unit physician approves or disapproves the pass request.

Pass request forms should be completed by Monday evening in Pass Planning Group for passes on the following weekend. Residents are expected to discuss pass plans in Pass Planning group. Participation in the Pass Planning Group during the week of the requested pass is required. Upon return from passes, Residents are expected to process the pass experience in pass debriefing group.

Residents in the beginning of their hospitalization will not receive passes except in cases of emergency. Emergencies other than the death of a close relative will be evaluated by the Primary Therapist, Program Director, and the treatment team. Very brief passes (1 or 2 hours) may be issued within the restricted period to take care of community responsibilities or important personal business such as to deposit a large check.

Residents who are unable to return to the SDTU at the end of the pass are expected to call the Unit at 224-610-1264 or 800-393-0865 (ext. 81264). Residents who return late and who do not call before the end of the pass will be subject to disciplinary action. All Residents who return late from pass will have the amount of late time deducted from their next pass.

Residents who repeatedly (2 times or more) are unable to return to the SDTU at the scheduled end of passes may be experiencing significant stress at home or may have obligations which pull them away from SDTU treatment. You and/or your treatment team may consider a brief discharge (e.g., 1 month) in order for you to take care of obligations at home followed by screening for readmission to the SDTU.

Residents must turn in all contraband (including medication) brought back from pass immediately upon return from pass.

PRESCRIPTION OR NON-PRESCRIPTION DRUGS

At the time of admission, the nursing staff and medical providers will meet with you for a medication assessment. The providers will determine your ability and appropriateness to self-administer medications. For those medications that are not able to be self-administered, you will work with nursing and medical staff to identify specific times to present to the Nursing Clinic in Building 7, First Floor for medication dispensing and administration. For those medications that are authorized for self-administration, you will be supplied an appropriate amount of medication for your use. All medication will be kept in the blue bin provided to you at the time of admission and secured (locked) in your locker. Non-prescription medication, supplements, and herbals that are not prescribed by the medical staff are considered contraband and will be treated accordingly.

You will be expected to meet with the nursing staff, at least, weekly for medication reconciliation.

SAFETY AND QUALITY OF CARE CONCERNS

1. The FHCC is accredited by The Joint Commission (TJC). The Joint Commission requirement is that the medical center must provide guidance to the public, patients, and/or visitors regarding how to report safety or quality of care concerns.
2. The public, patients, and/or visitors are encouraged to first bring their concerns to Medical Center leadership. Medical Center leadership includes the Patient Safety Manager, Risk Manager, or Facility Safety Office in Quality Management and Performance Improvement.
3. Some of the complaint categories appropriate for reporting include those issues related to patient rights, care of patients, safety, infection control, medication use and security, and environment of care. Individual billing issues, payment disputes, or the individual clinical management of a patient are not appropriate for this reporting process.
4. If issues are not addressed or resolved, you may take the complaint to The Joint Commission for review. Your complaint can be submitted anonymously, or you may provide your name and contact information. Providing your name and contact information will assist The Joint Commission in giving you feedback about actions taken in response to your complaint, and will also help them in contacting you if they need additional information.
5. E-mail, fax, or letter can be used to contact The Joint Commission.

E-mail: complaint@jointcommission.org

Fax: Office of Quality Monitoring
(630) 792-5636

Mail: Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

6. The FHCC is committed to providing a safe environment that facilitates quality patient care. The entire leadership team appreciates the opportunity to resolve public, patient, and/or visitor concerns.

STEALING, BORROWING, GAMBLING

Theft of any type will not be permitted. Borrowing or lending property is highly discouraged. This includes, but is not limited to money, cigarettes, food, clothing, or any other articles left unattended within the Unit or Medical Center. As a general rule, it is best to “neither a borrower nor lender be”. Any Resident caught stealing may be discharged immediately from the program and reported to FHCC Police.

Gambling is prohibited.

Financial transactions between staff and Residents are strictly prohibited.

SUBSTANCE USE

There exists a very high incidence of substance abuse and dependence in combat veterans with PTSD. Use of mood altering substances does not allow the Resident to be fully alert and in touch with feelings and memories and does not allow for effective therapy to take place.

Alcohol and drug abuse by Residents has been shown to be destructive to both the Program and its Residents. Some Residents have felt a need to leave treatment early because of knowledge that other Residents were abusing substances and might become “out of control”.

By entering into the SDTU program, you have taken a step towards developing more effective and healthy ways of dealing with your problems. Abstinence from alcohol and/or drug use will be symbolic of your resolve and motivation to change your life.

Accordingly, the following rules are in effect:

1. There will be no use of alcohol, street drugs, and medication not prescribed by the SDTU physician or nurse practitioner, including over-the-counter medication, while a Resident is admitted to the SDTU. This includes his time on the ward, in other areas of the hospital, on the hospital grounds, and off the hospital grounds on pass.
2. Possession/use of alcohol, street drugs, or medication not prescribed by your SDTU staff may result in immediate discharge from the program and referral to a substance use program. Violations are handled on a case by case basis. Possession/use of over-the-counter medication will result in consequences up to and including discharge, as determined by staff (and subsequent referral to a

substance use program). Possession/use of over-the-counter medications containing alcohol may result in discharge.

3. Medications, when used, are dispensed to Residents in one-week supplies. Residents are responsible for using their medications as prescribed by SDTU staff. For Residents who are on independent or semi-independent medication management, all dispensed medications will be stored in the blue plastic bin that is provided to the Resident and the blue bin will remain locked in the Resident's locker. Failure to use medication as prescribed calls into question the Resident's ability to be treated on the SDTU (some Residents may be on another medication schedule as determined by the treating medical provider).

4. Upon return from any pass, all Residents will submit to a breathalyzer test to check for blood alcohol level and may be subject to a urinalysis.

5. Each Sunday evening (Monday in the case of a holiday), all Residents will submit a urine sample between 7:00pm and 7:15pm. If the first is uncollectable, a sample will be collected between Sunday evening at 10:00pm to Monday morning 7:00am. These specimens must be witnessed by staff.

6. If, at any time, a staff member suspects the use of illicit drugs or alcohol by a Resident, a urine sample, breathalyzer, and/or blood alcohol test will be conducted. Failure to comply with staff request is considered an admission of use and may result in discharge from the SDTU.

7. In addition to the routine tests for presence of alcohol or drugs and tests administered because of suspected use of drugs or alcohol, random tests will be administered. The procedure for random sampling is as follows:

BREATHALYZER FOR ALCOHOL PRESENCE

When: Monday, Tuesday, Wednesday, Thursday evenings at 9 p.m.

How: Random selection of a number assigned to each resident.

How many: Approximately 1/4 of the community will be sampled each day.

Resident responsibility: If a Resident's number is chosen, he will breathe into the breathalyzer by 9:30 p.m.

Who will conduct the selection process: Chairman (or his designee) will operate the machine selecting the numbers; to be observed by one staff member and the Sgt at Arms (or designee).

URINALYSIS FOR DRUG PRESENCE

When: Tuesday, Wednesday, Thursday, Friday mornings by 7:00 a.m. (May be given after 10 p.m. evening prior.)

How: Random selection of a number assigned to each Resident chosen on the night before the required urine drop.

How Many: Approximately 1/4 of the community will be sampled each day.

Resident responsibility: If a Resident's number is chosen, he will give a urine sample (via the usual Monday morning process) by 7:00 a.m. on that day.

Who will conduct the selection process: Chairman (or his designee) will operate the machine selecting the numbers; to be observed by one staff member and the Sgt at Arms (or designee).

8. Failure to submit to the breathalyzer, urinalysis, or blood test (if deemed necessary by staff) may result in discharge from the SDTU.

9. Urinalysis will be conducted and observed to ensure that a sample of urine indeed belongs to its donor and reflects current body chemicals. This will require that both Resident and staff member initial the urine cup and the staff member observe the stream of urine as it enters the container.

10. Those Residents who test positive for alcohol or illicit drugs may be discharged from the program. Program staff may require a Resident to complete an appropriate substance abuse program to be considered for re-admission to the SDTU. Upon re-admission, a subsequent relapse as determined by testing or Resident's self-report may be viewed as evidence of an uncontrolled substance abuse problem. In this case, substance abuse treatment becomes a priority and may be required for future re-admission to the SDTU. All applicants referred for specialized substance abuse treatment will be interviewed to assess their progress in this area and its impact on their readiness to participate in the SDTU program.

11. Suspicion of the presence of alcohol or drugs on the ward or in a

Resident's vehicle will result in a Unit-wide "health and welfare inspection" of each Resident's belongings.

12. Presence of illicit drugs or alcohol is a federal violation subject to prosecution and/or fines and will be handled by FHCC Police and/or Navy Security.

12. Those Residents who perceive themselves to be unable to "hold-out" from substance usage should discuss their feelings and self-expectations with staff. If clinically indicated, referral to a substance abuse treatment/rehabilitation program can be made with provisions to re-enter the SDTU upon completion of such treatment.

TELEPHONES

Telephones, located in staff offices and on the desk located outside of Room 201, may be used with staff permission. Abuse of phone privileges may result in revocation of telephone privileges. Incoming calls may be received and messages will be taken while you are in groups.

For purposes of confidentiality, answer the Unit telephone "Hello" – not "PTSD" or "SDTU".

Residents shall limit use of the telephone to 20 minutes or less unless there is an emergency situation. On-duty staff will determine if an emergency exists. Many Residents frequently anticipate important calls. Residents are encouraged to indicate anticipated calls, or messages for others who received a call (and who called) on the chalkboard above the telephone.

Business calls are allowed to be placed from your Primary Therapist's phone or Social Worker's phone on an as-needed basis. Explain to the staff member the nature of your call and obtain permission to use the phone.

Therapeutic Telephone Calls

Once a week, Residents will be allowed to make one therapeutic phone call to persons of their choice. This call will be placed at government expense on a government phone designated by staff for this purpose. Calls will not exceed **20 minutes**. Therapeutic phone calls will not be placed after 10:00 p.m., except by special arrangements between the Primary Therapist and the Resident. If a Resident extends his phone call beyond 20 minutes, he will be reminded of such. If he then fails to terminate the phone call he will be subject to disciplinary committee meeting. Although this regulation may appear

harsh, it is designed to avoid abuses of the privilege. If abuses were to become widespread, the therapeutic phone call privilege could be eliminated.

THERAPEUTIC EVENTS

All residents are encouraged to attend all program activities as assigned to them and those identified in their Recovery Plans. This includes recreational outings.

All residents shall check the appointment schedule posted outside of Room 243 the previous afternoon and make note of such appointments. The appointment list is also read in the morning community meeting as a courtesy to the Residents.

TOBACCO USE POLICY

It is the intent of the Stress Disorder Treatment Unit to promote good health practices. Scientific data has identified the use of tobacco products as a major detrimental factor to public health. As such, the Unit is designated a **non-tobacco use area**. Tobacco use is prohibited in private offices, group rooms, rest rooms, corridors, and tramways. If you must smoke, it shall be outside the building in designated areas where ashtrays will be easily accessible. The closest designated smoking area is across the street from the main entrance to Building 7. Smoking is not authorized on the patios off of the Dayrooms and may result in a citation being issued by FHCC Police.

Staff members who observe Residents using tobacco in non-tobacco use areas will request the Resident to extinguish his/her cigarette and move to the designated smoking area.

It is not acceptable to take “smoke breaks” during your assigned groups. Smoke breaks are only authorized during non-group hours.

Residents who use tobacco and have severe medical problems related to tobacco use will be referred to the medical center tobacco use cessation program.

USE OF EQUIPMENT

You will be responsible for the upkeep and cleanliness of all equipment you use at the SDTU. All recreational equipment will be properly used and returned to its storage area.

NO USE OF SECLUSION OR RESTRAINT

The SDTU does not use seclusion or restraint procedures for Residents.

VIDEO SURVEILLANCE

For the safety of the Residents, Staff, and Visitors, closed-circuit video surveillance is utilized throughout the SDTU. Video cameras are in public spaces only and do not include audio recording. There are no cameras in Resident's rooms, bathrooms, offices, or areas where clinical activities are conducted.

VISITORS

All Residents are encouraged to have visits from family or significant others. Visits should not conflict with scheduled therapies or regular group times. Weekends provide the best times for visitation. Visitors are expected to abide by the following rules.

- a. All visitors will check in with staff.
- b. Visitors are permitted only in the large day room (Room 233) and visitors' room (Room 245) if a degree of privacy is desired. Visitors are prohibited from visiting in Residents' rooms or other Unit areas.
- c. If a visitor is considered to be intoxicated or in any way disruptive to the Resident community, he will be asked to leave the Unit by on-duty staff. Failure to comply with this request will require the involvement of FHCC Police.
- d. From time to time, former Residents of the SDTU return to visit the unit, but not any Resident in particular. This visitation is encouraged but should not interfere with therapies or otherwise be disruptive to current Residents. These visitors may visit only in Room 233.
- e. Visitors who are not former Residents and who wish only to visit the Unit, will be present only by approval of the staff who can escort him and answer questions.

ZERO TOLERANCE FOR SEXUAL HARASSMENT AND DISCRIMINATION

The SDTU has Zero Tolerance Policy for sexual harassment and discrimination of any kind. Additional information will be provided to you on admission. Additional information will include the brochures:

- 1) How to Recognize and Prevent Sexual Harassment in the Workplace
- 2) It's All About Respect: Avoid Discrimination in Your Workplace

ADVISORIES

Patient-centered, recovery-oriented care is at the center of the treatment approach on the SDTU. In order to maximally benefit from treatment, a safe, structured, and organized milieu and facility is required. All Residents are required to adhere to the rules, policies, and procedures established by the program. Residents who do not adhere to the established rules, policies, and procedures may be subject to an Advisory. In addition, interpersonal conflicts between residents may rise to the level of an advisory when other interventions have been tried and failed. The purpose of an Advisory, in its entirety, is designed to be therapeutic in addressing an individual's behavior or violation of the programmatic rules. The proceedings of an Advisory is not based upon a court of law, but rather a therapeutic intervention that is designed to help the Resident gain insight and understanding of the concern(s) stated and to provide him/her necessary feedback. An Advisory consists of the Resident who is being reviewed, the interdisciplinary treatment team and the SDTU Resident Community Officers. The Resident who is the subject of the Advisory will be informed of the need for the Advisory prior to convening the meeting. The Resident has the option to opt out of participating in the Advisory but, given the therapeutic intent of the meeting, the Resident is highly encouraged to participate. As participation in Advisories is an identified duty of the Community Officers, their attendance is expected. In the absence of an Officer, the SDTU Treatment Team will choose another representative from the Resident Community. Ground rules of the Advisory will be established at the outset of the meeting. After initial discussion, all the Community Members (including the Officers) will be asked to leave the room while the Treatment Team discusses further options which can include retention in the program, modifications to the Resident's treatment plan, referral to another appropriate program, or discharge from the program. Community Officer's do not have a "vote" in the Treatment Team's decision. Following the Advisory, the Treatment Team or a member of the treatment team will meet with the Resident Community to provide closure to the issue and offer the community an opportunity to express/process their feelings.

Remember, this is your journey in recovery.
Staff and peers are here to support you as you
reach your goals and rebuild your life.

WHAT ARE YOUR GOALS??



1. _____
2. _____
3. _____
4. _____
5. _____

EVIDENCE-BASED THERAPIES

The SDTU is committed to offering the most effective modalities of treatment for PTSD. Your individual approach to treatment will be determined between you and the treatment team. Below is a listing and brief description of the evidence-based psychotherapies offered at the SDTU. You are strongly encouraged to review and discuss these modalities of treatment with your referring provider, prior to admission.

The below descriptions are taken directly from the National Center for PTSD Website. For more information, including Videos about the below treatments, please visit: <http://www.ptsd.va.gov/public/pages/treatment-ptsd.asp> and <http://www.ptsd.va.gov/public/pages/gen-treatment.asp>

Treatment of PTSD

Today, there are good treatments available for PTSD. When you have PTSD, dealing with the past can be hard. Instead of telling others how you feel, you may keep your feelings bottled up. But talking with a therapist can help you get better.

Cognitive behavioral therapy (CBT) is one type of counseling. The VA is providing two forms of cognitive behavioral therapy to Veterans with PTSD: Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) therapy.

There is also a similar kind of therapy called eye movement desensitization and reprocessing (EMDR) that is used for PTSD. Medications have also been shown to be effective. A type of drug known as a selective serotonin reuptake inhibitor (SSRI), which is also used for depression, is effective for PTSD.

Types of cognitive behavioral therapy

What is cognitive therapy?

In cognitive therapy, your therapist helps you understand and change how you think about your trauma and its aftermath. Your goal is to understand how certain thoughts about your trauma cause you stress and make your symptoms worse.

You will learn to identify thoughts about the world and yourself that are making you feel afraid or upset. With the help of your therapist, you will learn to replace these thoughts with more accurate and less distressing thoughts. You will also learn ways to cope with feelings such as anger, guilt, and fear.

After a traumatic event, you might blame yourself for things you couldn't have changed. For example, a soldier may feel guilty about decisions he or she had to make during war. Cognitive therapy, a type of CBT, helps you understand that the traumatic event you lived through was not your fault.

What is exposure therapy?

In exposure therapy your goal is to have less fear about your memories. It is based on the idea that people learn to fear thoughts, feelings, and situations that remind them of a past traumatic event.

By talking about your trauma repeatedly with a therapist, you'll learn to get control of your thoughts and feelings about the trauma. You'll learn that you do not have to be afraid of your memories. This may be hard at first. It might seem strange to think about stressful things on purpose. But you'll feel less overwhelmed over time.

With the help of your therapist, you can change how you react to the stressful memories. Talking in a place where you feel secure makes this easier.

You may focus on memories that are less upsetting before talking about worse ones. This is called "desensitization," and it allows you to deal with bad memories a little bit at a time. Your therapist also may ask you to remember a lot of bad memories at once. This is called "flooding," and it helps you learn not to feel overwhelmed.

You also may practice different ways to relax when you're having a stressful memory. Breathing exercises are sometimes used for this.

What is EMDR?

Eye movement desensitization and reprocessing (EMDR) is another type of therapy for PTSD. Like other kinds of counseling, it can help change how you react to memories of your trauma.

While thinking of or talking about your memories, you'll focus on other stimuli like eye movements, hand taps, and sounds. For example, your therapist will move his or her hand near your face, and you'll follow this movement with your eyes.

Medication

Selective serotonin reuptake inhibitors (SSRIs) are a type of antidepressant medicine. These can help you feel less sad and worried. They appear to be helpful, and for some people they are very effective. SSRIs include citalopram (Celexa), fluoxetine (such as Prozac), paroxetine (Paxil), and sertraline (Zoloft).

Chemicals in your brain affect the way you feel. For example, when you have depression you may not have enough of a chemical called serotonin. SSRIs raise the level of serotonin in your brain.

There are other medications that have been used with some success. Talk to your doctor about which medications are right for you.

OTHER THERAPIES

The below description of Group Therapy is taken directly from the National Center for PTSD Website.

Group therapy

Many people want to talk about their trauma with others who have had similar experiences.

In group therapy, you talk with a group of people who also have been through a trauma and who have PTSD. Sharing your story with others may help you feel more comfortable talking about your trauma. This can help you cope with your symptoms, memories, and other parts of your life.

Group therapy helps you build relationships with others who understand what you've been through. You learn to deal with emotions such as shame, guilt, anger, rage, and fear. Sharing with the group also can help you build self-confidence and trust. You'll learn to focus on your present life, rather than feeling overwhelmed by the past.

Psychoeducation and Adjunct Therapies

In addition to individual psychotherapy, medication, and group psychotherapy, the below groups occur throughout the week and are important aspect of the recovery process:

PTSD and Substance Use

PTSD and Addictive Behaviors

Journaling

Medication Management

Anger Management

Pass Planning and Debrief

Yoga

Yoga Nidra

Stress Reduction

Spirituality

Hidden Emotion Articulation (HEArt)

Family Issues

Relaxation Training

Positive Psychology and Expressive Arts

Thinking Straight